

Anlage 5a

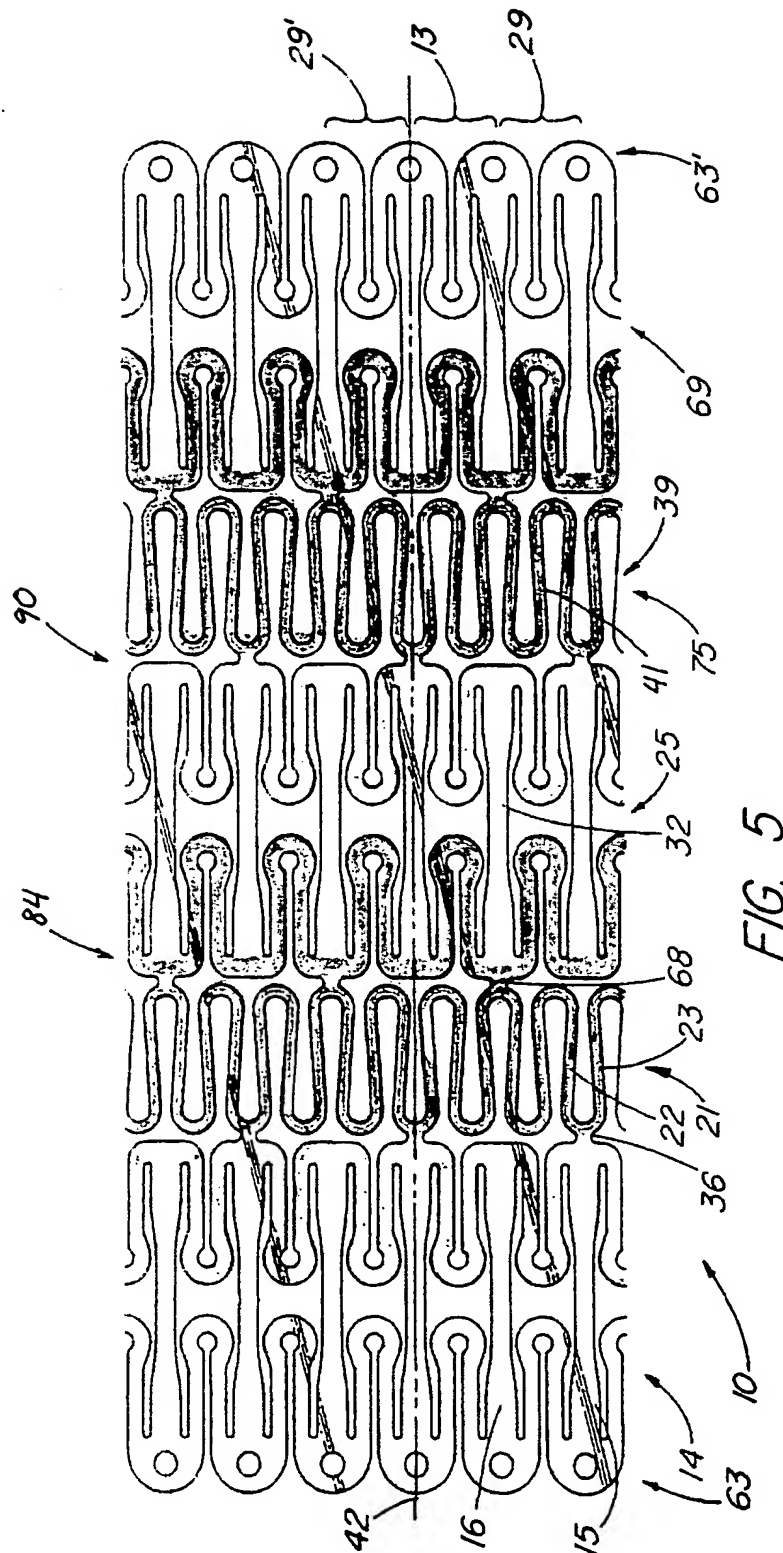


FIG. 5

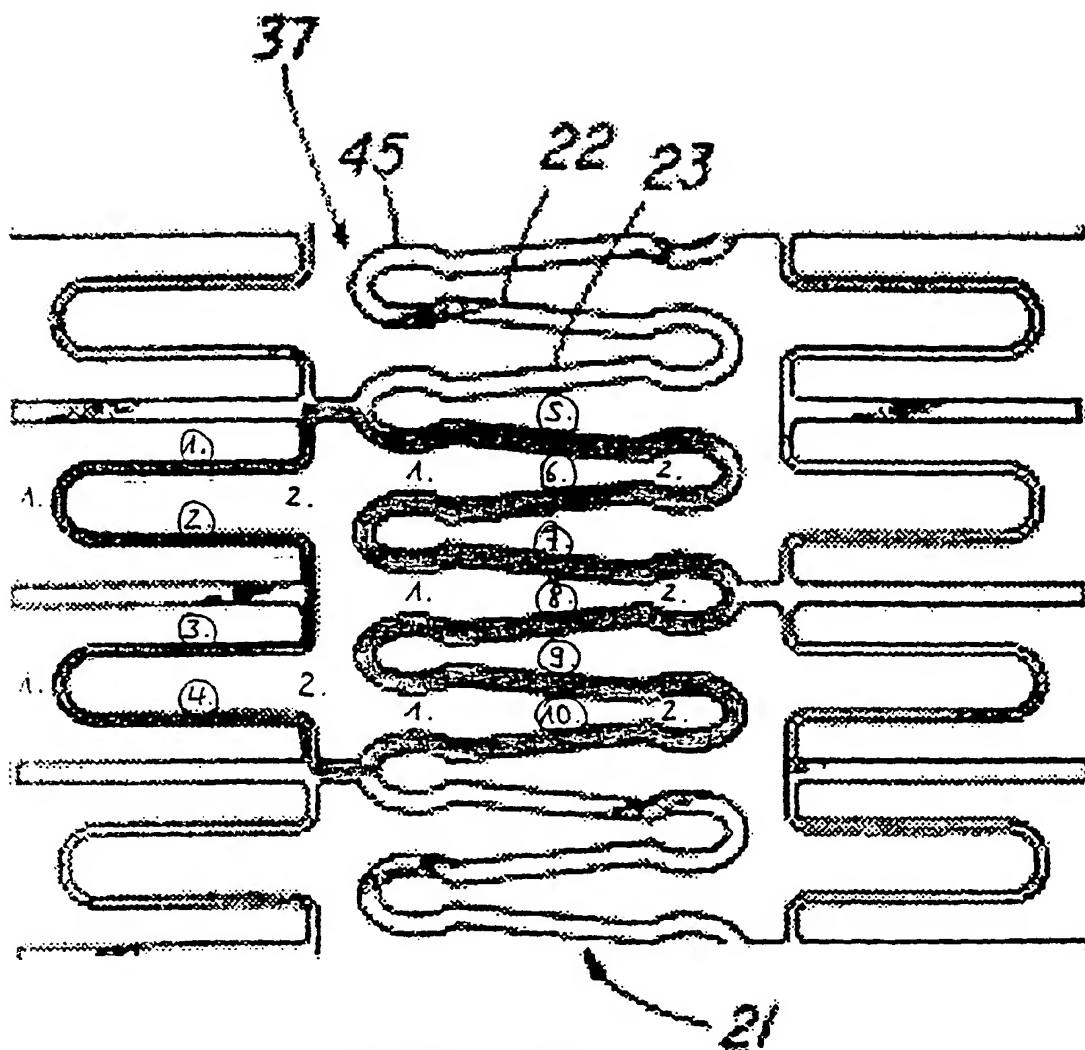
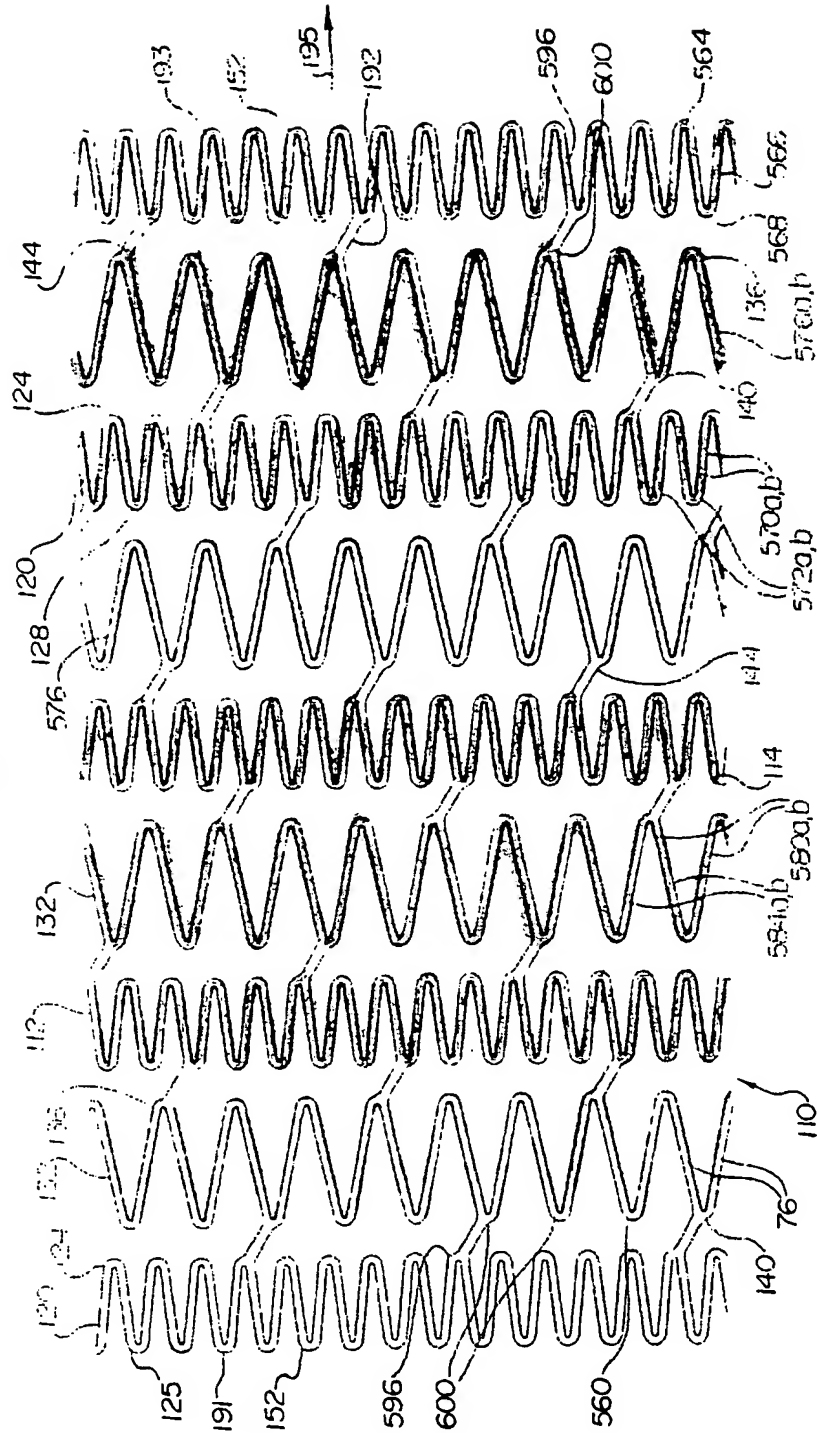


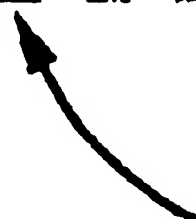
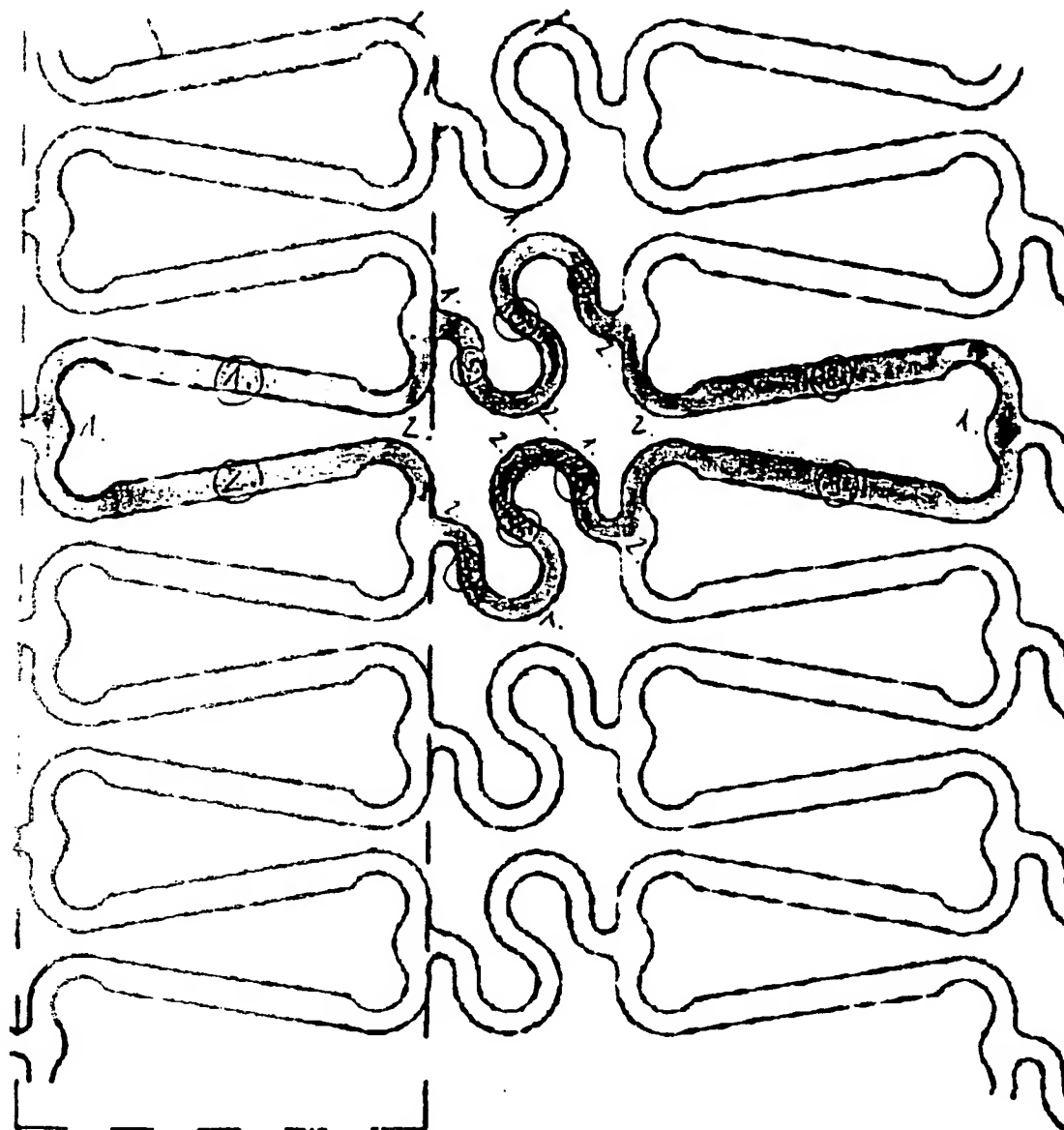
FIG. 7



16

Fig. 2





30

Anlage 7a

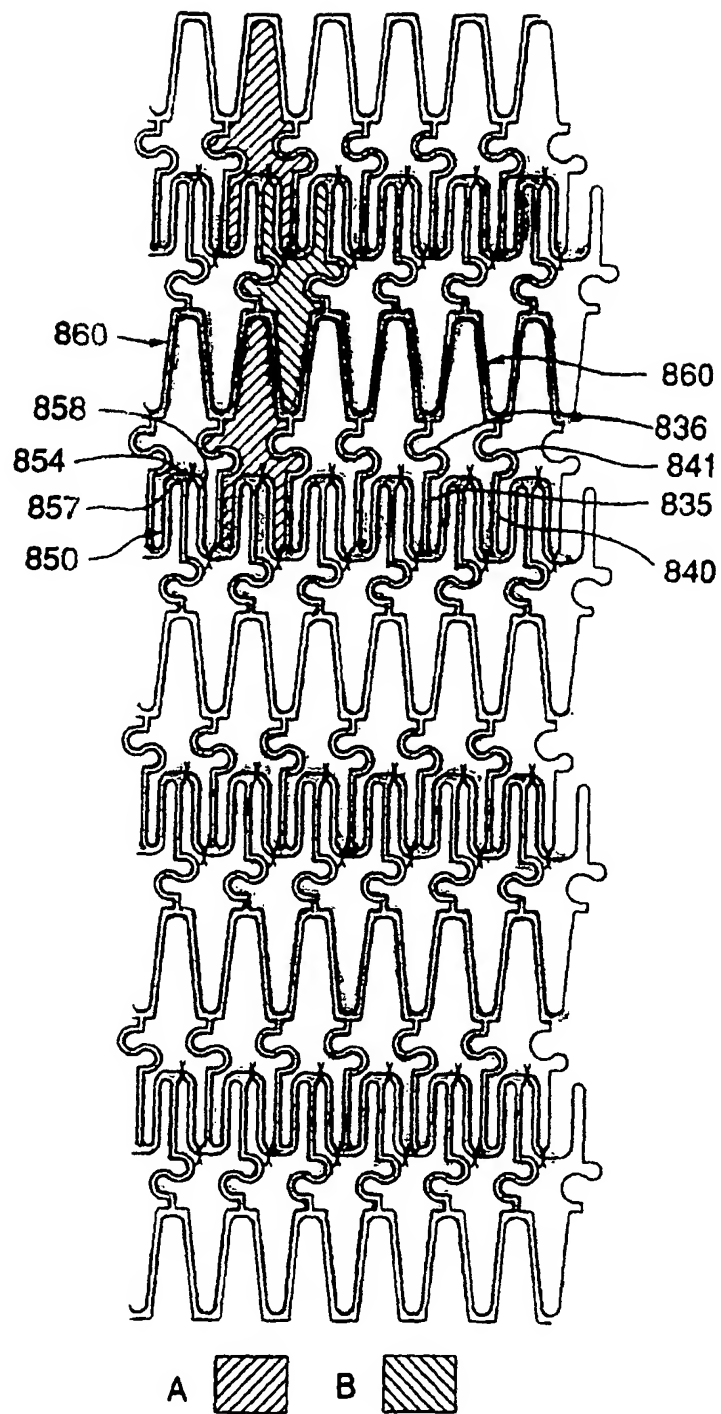
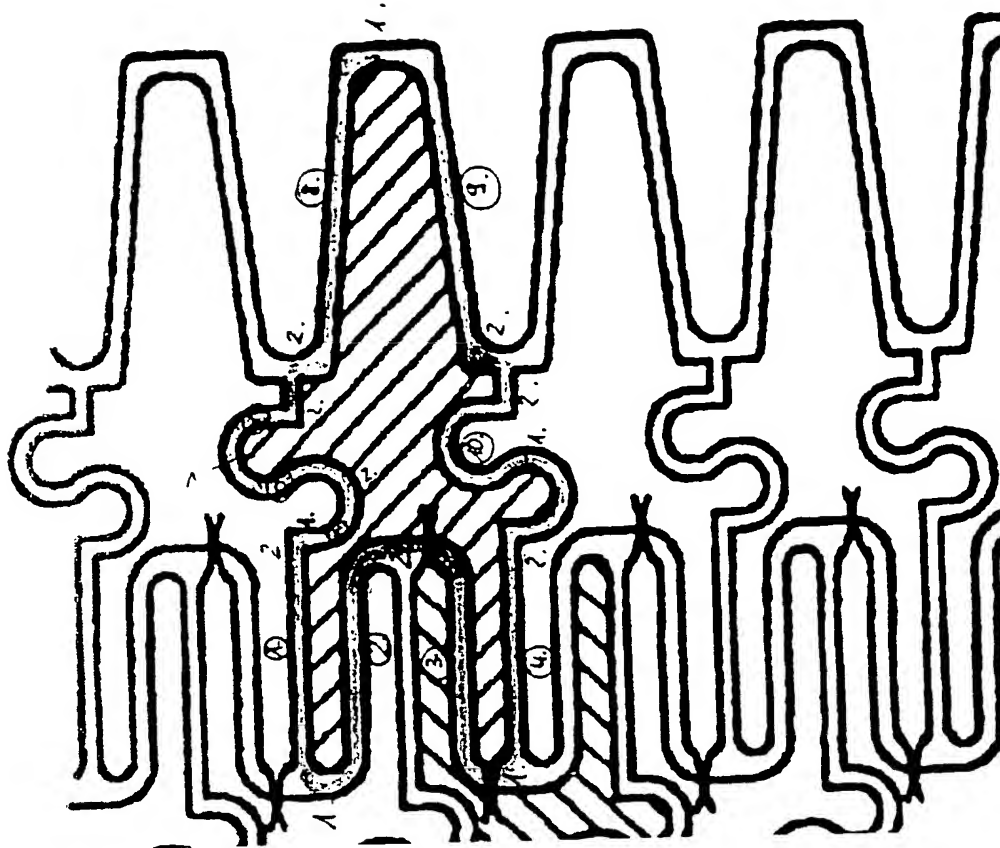
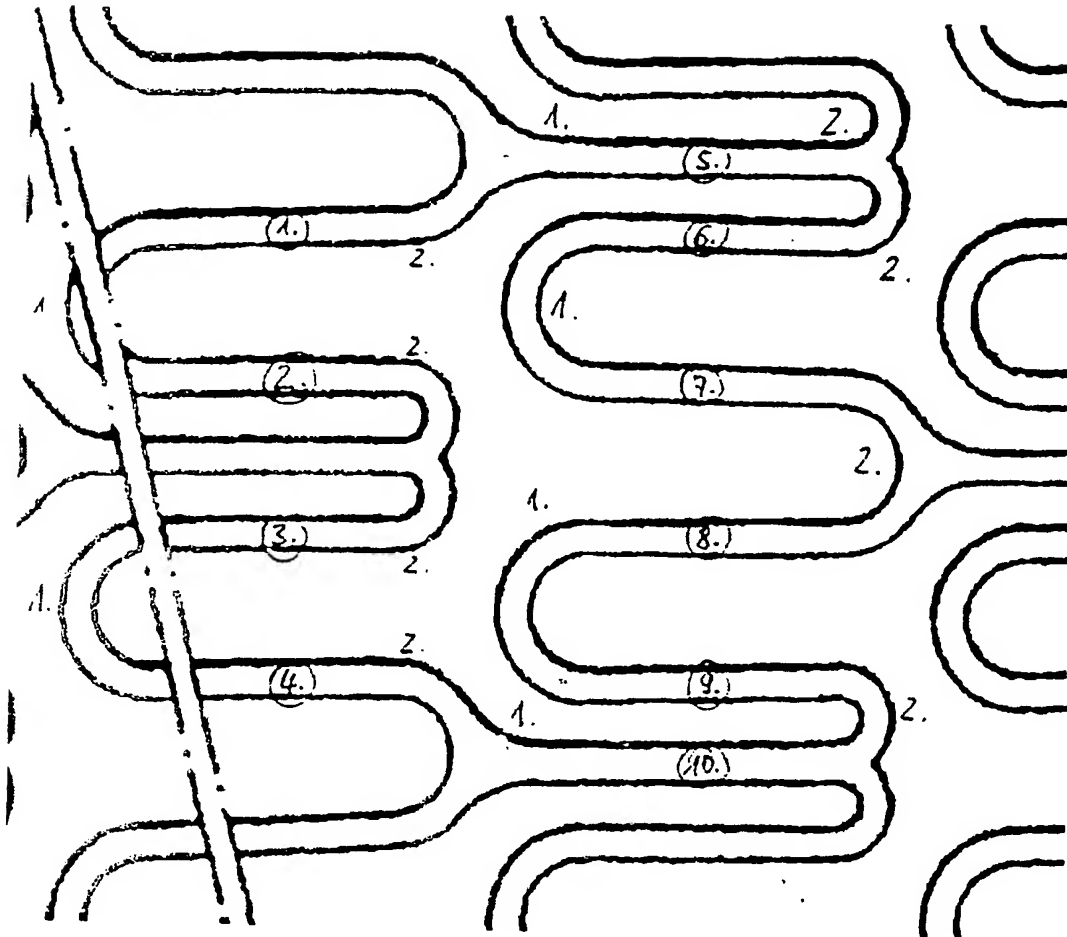


FIG.9



Anlage 8



Anlage 9a

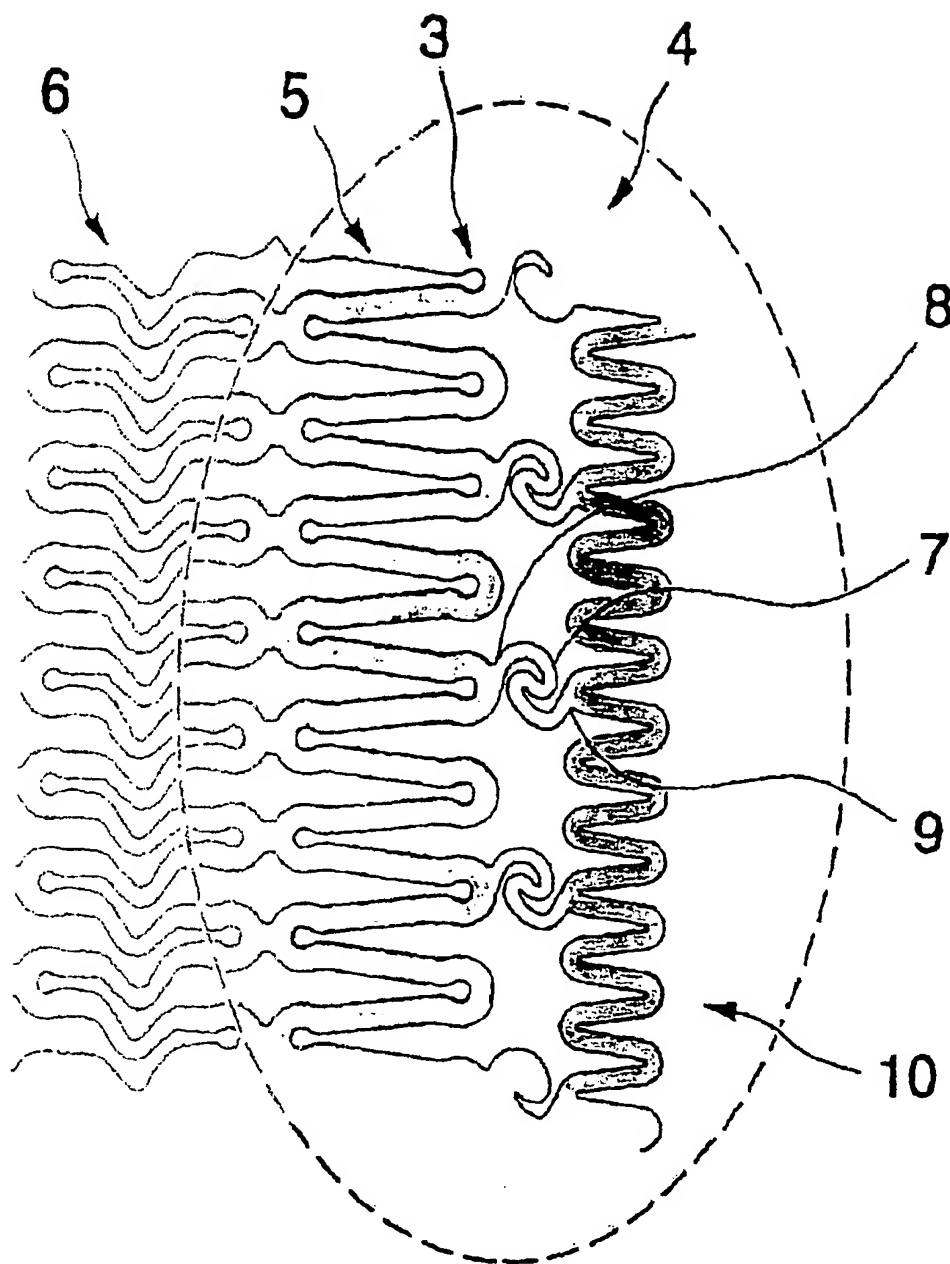
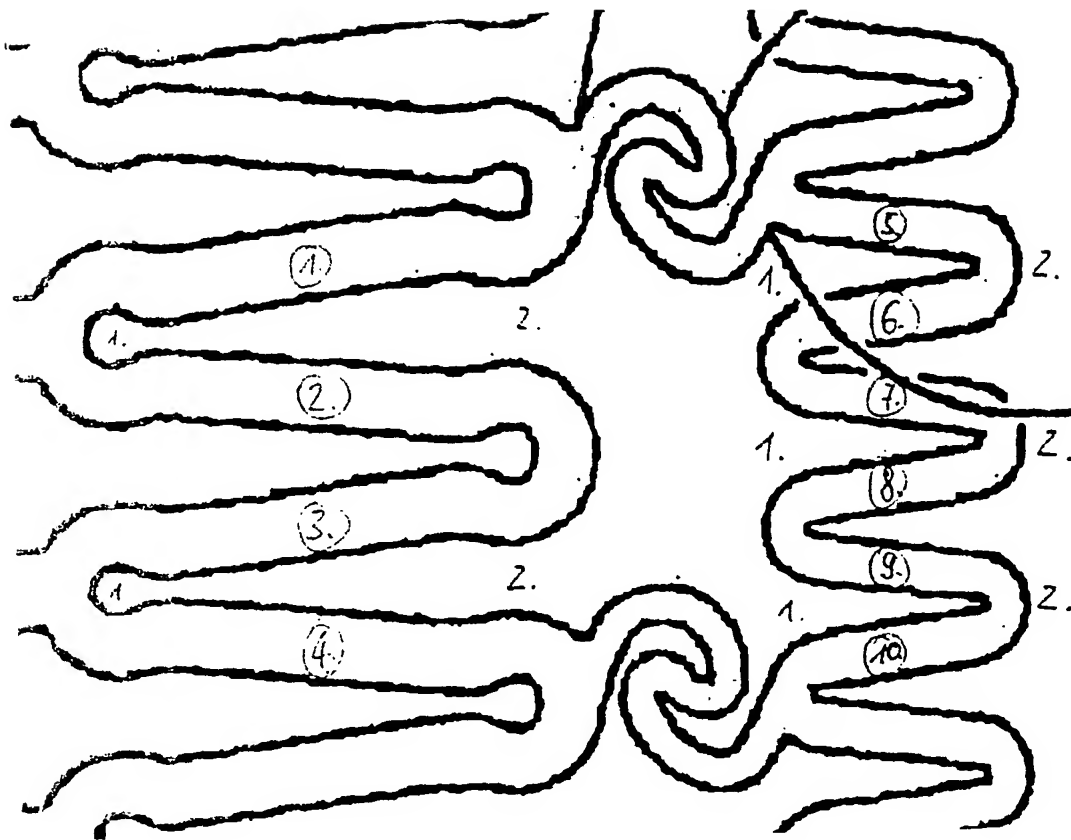


Fig. 2

Anlage 9b



Medinol

Ingenuity for Life



Anlage 10

[Overview](#) [Specs](#) [Instructions For Use](#) [Ordering information](#)

NIRflex™

Overview



NIRflex™ and the NIRflex™ Royal are the only stents that continually conform while maintaining optimal scaffolding, even as the vessel moves.

Flexibility during delivery



- Optimizes insertion and navigation through tortuous vessels and capacity to reach distal lesions and small vessels

Flexibility and conformability



- Optimally conforms to vessel curvature.
- High flexibility after expansion for optimal compliance for exceptional compliance with vessel motion.

Optimal Scaffolding



- Maintains uniform cell area needed to sustain the highest degree of support and minimize vessel prolapse even in very curved section.

Larger Side Branch Access

- Side-branch access increased to 3.5mm.
- Increased side-branch access provides easy reach for future procedures.

Medinol

Ingenuity for Life

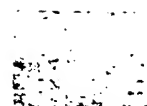


Medinol Ltd. is a global leader in the field of vascular disease management and the inventor, designer, and manufacturer of the NIR® stent. Through its unique approach to design and manufacturing, Medinol continues to set new stenting solution standards.

NIRflex™ stents for coronary and peripheral use, currently available in Europe and in clinical trials around the world, reflect the company's uncompromising commitment to quality and patient-focused therapeutic innovations. Medinol Ltd. is privately held and headquartered in Tel Aviv, Israel.

Medinol

Ingenuity for Life



Flexible Closed Cell Design

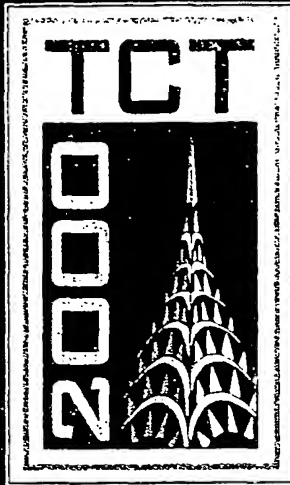
Medinol changed minimally-invasive cardiovascular stent technology with the NIR®, the first flexible closed cell design stent. This expertise continues to move the industry standard forward. Maintaining the original groundbreaking spirit, Medinol developed the NIRflex™ stent. The revolutionary geometry of NIRflex™ answers the patient's and physician's needs with a breakthrough in stent performance.

exceptional flexibility AND optimal scaffolding provided *simultaneously*. Open cell stents, when flexed, leave a gaping area that promotes tissue prolapse.

Unlike the flexible closed cell design of NIRflex™ which provides extreme flexibility without sacrificing scaffolding.

With every heartbeat, only NIRflex™ combines real-time flexibility and continual conformability to move with the vessel while maintaining optimal scaffolding. Small cells provide better scaffolding. The ability of the stent to prevent prolapse is directly proportional to the size of gaps between struts.

The NIRflex™ proprietary flexible closed cell design allows its small sub-cell compartments to retain support while remaining flexible.



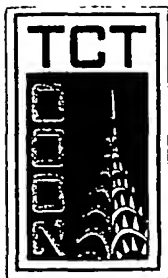
Sponsored by:

The Cardiovascular Research Foundation and
Lenox Hill Heart and Vascular Institute of New York



Transcatheter Cardiovascular Therapeutics 2000

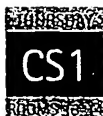
TUESDAY, OCTOBER 17 - SUNDAY, OCTOBER 22, 2000
WASHINGTON CONVENTION CENTER
WASHINGTON, DC



Concurrent Sessions

SESSIONS-AT-A-GLANCE

10:00 am - 12:45 pm	1. Point/Counterpoint I: Debates in Coronary Intervention Washington Convention Center, Rooms 13 - 14
10:00 am - 12:55 pm	2. Coronary Stents I: Differentiating Stent Design and Performance Washington Convention Center, Room 30
10:00 am - 1:10 pm	3. Peripheral Intervention I: Diagnosis and Management of Iliac and Infra-Inguinal Disease Washington Convention Center, Room 32
10:00 am - 1:05 pm	4. Interventional Pharmacology I: Systemic and Site-Specific (non-stent based) Therapies for Restenosis Washington Convention Center, Room 33
10:00 am - 12:30 pm	5. The Women's Cardiovascular Healthcare Initiative: Socio-Medical Issues, Clinical Trials, and Future Directions Washington Convention Center, Rooms 20 - 21
12:30 pm - 5:45 pm	6. SPECIAL SESSION: The FDA Town Hall Meeting Washington Convention Center, Room 31
3:00 pm - 6:00 pm	7. Diagnosis and Pre-Emptive Treatment of the Vulnerable Plaque Washington Convention Center, Rooms 13 - 14
3:00 pm - 6:00 pm	8. Coronary Stents II: Complex Lesion Subsets Washington Convention Center, Room 30
3:00 pm - 6:15 pm	9. Distal Embolic Protection Washington Convention Center, Room 32
3:00 pm - 6:00 pm	10. Interventional Pharmacology II: Antiplatelet Agents (I) Washington Convention Center, Room 33



CONCURRENT SESSION #1

10:00 am - 12:45 pm, Rooms 13 - 14

Point/Counterpoint I: Debates in Coronary Intervention

Moderators: Maurice Buchbinder, MD and Stephen Oesterle, MD

Optimal Treatment for Patients with Diabetes and Coronary Artery Disease

10:00 am	The Evidence is In—Bypass Surgery Reigns Supreme!	Delos M. Cosgrove, M
10:15 am	Read Between the Lines—Angioplasty Should be the Initial Option for Most Patients!	Frederick Feit, M
10:30 am	Put Away Your Scalpels and Sheaths—Optimal Care of Diabetics Centers Around Tight Glycemic Control and Risk Factor Modification!	Michael E. Farkouh, M

Direct Laser Myocardial Revascularization—Hope or Hype?

- 10:45 am A Future Mainstay of Anginal Control!
 11:00 am At Best An Expensive and Perilous Placebo!

Keith B. Allen, MD
 Daniel Burkhoff, MD

Reperfusion Strategies in AMI

- 11:15 am It's Time to Stop the Debate: Stenting + IIb/IIIa Blockade is the New Standard of Care!
 11:30 am In the "Real World," Thrombolysis is Easier and at Least as Effective!
 11:45 am Up Front Clot Lysis + Immediate Catheterization—Patients Deserve Both!

Albert Schomig, MD
 William J. French, MD
 Allan M. Ross, MD

Should Moderate Coronary Artery Stenoses Be Revascularized?

- 12:00 pm No—Medical Therapy Suffices for Most!
 12:15 pm Yes, But Only if Physiologically Significant!
 12:30 pm Yes, Routinely!
 12:45 pm ADJOURN

Bertram Pitt, MD
 Bernard De Bruyne, MD, PhD
 Bernhard Meier, MD

**CONCURRENT SESSION #2**

10:00 am - 12:55 pm, Room 30

Coronary Stents I: Differentiating Stent Design and Performance

Moderators: Antonio L. Bartorelli, MD and Elazer R. Edelman, MD, PhD

Towards the "Perfect" Stainless Steel Stent

- 10:00 am Are There Meaningful Clinical Differences Between Approved Coronary Stents?
 10:15 am Stent Design Dictates Thrombosis and Restenosis—New Insights Into the Performance of "Standard" Stainless Steel Stents from Computer Modeling
 10:30 am Impact of Strut Thickness on Restenosis—the ISAR-STEREO Randomized Trial
 10:45 am Will Lesion-specific Stent Designs Improve Early and Late Results in Complex Lesions Subsets?

Ross Prpic, MD, MBBS
 Elazer R. Edelman, MD, PhD
 Albert Schomig, MD
 Joachim Schofer, MD

The Next Generation Stainless Steel Stents from the "Big 4"—Bullet Presentations

- 11:00 am The Guidant Tetra
 11:05 am The Cordis BX Velocity *18.5, 304 pte, 6mm, FLR 7.6*
 11:10 am The Medtronic AVE S7 *1mm 10cm*
 11:15 am The Medtronic AVE BeStent II *10.5% rest, 0.1g BeStent*
 11:20 am The NIR Flex and Conformer Family *Bestest 2 2.7 pte. 30cm*

Dean J. Kereiakes, MD
 Tim A. Fischell, MD
 Jeffrey J. Popma, MD
 Rafael Beyar, MD
 Donald S. Baim, MD

Beyond Stainless Steel—Exploring the Impact of New Stent Materials

- 11:25 am Stent Materials and Vascular Interactions I—Implications for Thrombosis
 11:40 am Stent Materials and Vascular Interactions II—Implications for Restenosis

Andrew Farb, MD
 Julio C. Palmaz, MD

Silicon Carbide and Carbon Coated Stents—Evidence for Thromboresistance and Restenosis Reduction

- 11:55 am The Sorin Carbostent
 12:10 pm The Biotronik Tenax Stent

Antonio L. Bartorelli, MD
 Jacques Koolen, MD

The Gold Standard Debate

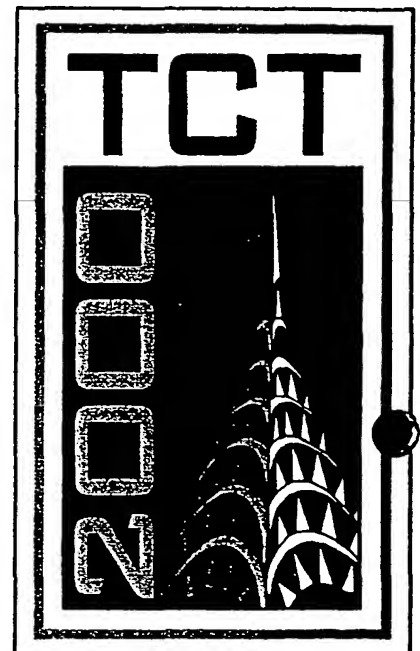
- 12:25 pm Debate: Gold Stents Represent a New Standard for Visibility, Performance and Clinical Outcomes!
 12:40 pm Caveat Emptor—Restenosis is Increased with Gold!
 12:55 pm ADJOURN

Elazer R. Edelman, MD, PhD
 Juergen vom Dahl, MD

Table of Contents

3	OPENING-DAY MINICOURSES Wednesday, October 18th
3	SCIENTIFIC ABSTRACTS Wednesday, October 18th
3	3 rd ANNUAL INTERVENTIONAL CARDIOLOGY SELF-ASSESSMENT COURSE Tuesday, October 17th Wednesday, October 18th
12	PLENARY SESSIONS
6	DAY AT A GLANCE Thursday, October 19th Friday, October 20th Saturday, October 21st
12	HOW-TO OPERATOR WORKSHOPS Sunday, October 22nd
13	CME ACCREDITATION & ADDITIONAL TCT INFORMATION
14	TCT FACULTY
18	TCT 2000 TOURS
9	CALL FOR TCT 2000 ABSTRACTS
1	TCT 2000 REGISTRATION
3	TCT 2000 HOUSING FORM

Conference Objectives



Registration Hours

Monday, October 16, 2000	4:00 pm - 8:00 pm
Tuesday, October 17, 2000	6:30 am - 8:00 pm
Wednesday, October 18, 2000	6:30 am - 7:00 pm
Thursday, October 19, 2000	6:30 am - 6:30 pm
Friday, October 20, 2000	6:30 am - 5:00 pm
Saturday, October 21, 2000	6:30 am - 5:00 pm
Sunday, October 22, 2000	7:00 am - 9:00 am

Transcatheter Cardiovascular Therapeutics is the largest international symposium designed for physicians and other healthcare professionals with a special interest in the field of interventional vascular therapy and vascular medicine.

Topics presented will include general angioplasty techniques; stents; balloon PTCA; atherectomy; laser angioplasty; intravascular ultrasound; physiologic lesion assessment; interventional pharmacology; extra-cardiac intervention; direct (laser) myocardial revascularization; neurovascular intervention; radiation vascular therapy; distal embolic protection devices; innovative cardiovascular surgical techniques; vascular medicine; molecular biology (including gene therapy); angiogenesis; regulatory affairs issues; economic outcomes research; information systems (including the internet); new advanced interventional devices and treatment strategies; and other relevant patient care and clinical management topics in the broad field of vascular disease. During the TCT 2000 international symposium, we expect to host approximately 10,000 participants and a faculty of more than 400 leading academic and clinical interventional cardiologists, radiologists, surgeons, and basic scientists from around the world. The Washington Convention Center will comfortably accommodate the growing attendance as we expend every effort to celebrate the maturation of our growing subspecialty.

The success of TCT has been the presentation of a challenging and varied educational format that combines the following: live case demonstrations from the "host" site at Lenox Hill Hospital (New York City) and multiple satellite transmissions from national and international venues; plenary-session didactic lectures in the Main Arena; in-depth concurrent sessions; small group "meet the expert" case discussions; evening symposia and breakfast meetings organized by industry; full-day minicourses on hot topics; Cardiovascular Nurse and Technologist Symposium; two-day Self-Assessment and Review Course; and half-day, how-to operator workshops. In addition, peer-reviewed graded abstracts for oral presentation and poster sessions will be organized under the auspices of the Society of Coronary Angiography & Interventions (SCAI) and published in print and electronic formats.

The specific educational objectives of TCT 2000 are to provide a comprehensive familiarity with existing therapeutic, catheter-based modalities, and to present emerging treatment strategies within the broad field of endovascular therapy. Importantly, this year there will be expanded emphasis on both practical operator technique and strategy issues (with 70 moderated, live case presentations) and "clinical" (nonprocedure-related) interventional vascular medicine topics. A unique and diverse educational presentation format stressing multimedia exposure and parallel sessions will permit registrants and participants from widely varying backgrounds to obtain a personalized experience: either a broad overview or an intensive, focused training program in selected areas.

TCT has always recognized the fundamental contributions of industry to interventional vascular medicine. The Exhibition Hall has been expanded and we expect over 150 interventional device, pharmaceutical, and public service vendors to participate. Importantly, the opportunity to interact with design engineers, material scientists, and application specialists from industry will heighten our understanding of interventional product development. *Due to the close interaction of TCT with industry, we recognize concerns regarding conflict of interest. Consequently, all faculty members having relationships with industry vendors, which may constitute a perceived or real conflict of interest, will be openly disclosed. All program-related educational presentations and case demonstrations during daytime TCT hours (7:30 am through 6:30 pm) will be conceived, organized, and implemented without the input or influence of industry.* Specific evening symposia and breakfast meetings, organized by industry to be held during TCT, will be outside the direct TCT educational umbrella and will be carefully described in all program materials.

A vital component of TCT has been an emphasis on global participation with recognition of the valuable contributions made by our overseas interventional colleagues. We anticipate 100 international faculty and the largest global registration ever. As in previous years, we will highlight many new devices and techniques that are not yet available in the U.S. *Among the many satellite transmissions this year, TCT 2000 will feature live clinical cases from multiple U.S. and international sites including Milan, Italy; Jerusalem, Israel; Toulouse, France; Seigburg, Germany; and Seoul, Korea.*

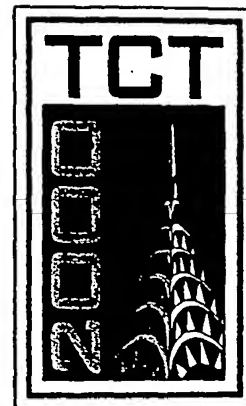
Continuing last year's theme, TCT 2000 will continue to expand the program content to all aspects of vascular disease therapy. There will be greater emphasis on extra-cardiac intervention; neurovascular intervention; congestive heart failure; women's healthcare issues; the bridge between endovascular surgery and catheter-based treatments; new cardiac and vascular surgical modalities; and growing fields of special interest, such as radiation vascular therapy, direct (laser) myocardial revascularization, and distal embolic protection devices.

More than ever, we recognize the need for an enhanced understanding of basic science issues that have already importantly affected clinical practice. In response, we have considerably increased topic coverage relating to molecular and vascular biology, including gene therapy approaches to reduce restenosis and promote angiogenesis. Also, we have enlisted the support of a remarkably talented faculty who will provide guidance and insight regarding scientific content of the meeting.

We are confident that TCT 2000 will satisfy our ambitious educational objectives and will appeal to a broad cross-section of healthcare professionals interested in the dynamic field of interventional cardiovascular medicine.

Opening-Day Minicourses

WEDNESDAY, OCTOBER 18, 2000
8:00 am - 5:00 pm



Opening-day minicourses are designed to provide the attendee with an in-depth knowledge and appreciation of a specific subspecialty within interventional cardiology. The format of each will consist of a combination of video case presentations; didactic lectures; interactive roundtable panel discussions; and workshops. Audience participation, including the opportunity to present challenging cases to the faculty, will be highly encouraged.

1) Harmonizing Mechanical and Pharmacologic Approaches to Acute Ischemic Syndromes

Ruptured atherosclerotic plaque with superimposed platelet and fibrin-rich thrombus underlies all acute coronary syndromes, underscoring the need for an approach combining pharmacologic plaque passivation with mechanical revascularization. This one-day course will feature the world's leading experts in the care and treatment of patients with unstable angina, non-Q-wave myocardial infarction, and evolving transmural MI, and will highlight:

- * Recent breakthroughs in antiplatelet and antithrombotic medications and their use in angioplasty and stenting
- * New mechanical solutions for the unstable lesion, including novel thrombectomy systems, and emboli filters
- * The expert approach to primary PTCA and stenting in acute myocardial infarction

2) The Molecular Cardiology Symposium: Principles, Targets, and Therapeutic Interventions

Molecular cardiology embodies a rapidly expanding new subspecialty with potential application in vast numbers of otherwise untreatable patients with extensive coronary and peripheral arterial disease, as well as myocardial dysfunction. This one-day course will be presented by the world's authorities in this emerging field and will review:

- * Fundamentals of molecular biology, including basic science principles, animal models, and human studies
- * Protein and gene therapy-induced angiogenesis, and cell-implant gene therapies for congestive heart failure, including direct myocardial injection
- * Emerging molecular solutions to restenosis, the potential role of local drug delivery, and intrapericardial therapeutics

3) Radiation Vascular Therapy for the Interventionalist

The proven efficacy of intravascular brachytherapy in inhibiting neointimal proliferation is making possible the successful treatment of patients with coronary and peripheral arterial disease in whom recurrent restenosis might otherwise be unavoidable. This one-day course for the interventional cardiologist and radiologist will discuss:

- * Principles of vascular brachytherapy and recent late-breaking clinical trials
- * Establishment of a vascular brachytherapy center
- * Basic radiation biology and physics
- * Radiation systems presently in clinical use
- * FDA regulatory and device approval issues

Peripheral Vascular Intervention: From Diagnosis to Intervention

With the advent of new catheter-based systems and techniques, an increasingly broad range of patients may benefit from peripheral vascular intervention. This one-day symposium will present the "global" approach to the patient with atherosclerotic disease and will incorporate in-depth review of:

- * Clinical syndromes; interventional techniques and devices; clinical trial results; utility of screening; and the appropriate use of medical therapy and surgery
- * Treatment of aortic and renovascular disease, and iliac, femoral, and lower extremity intervention
- * Management of subclavian artery stenosis and the approach to neurovascular disease
- * Emerging treatment modalities, including carotid stent-supported angioplasty; abdominal aortic stent-grafts; vascular brachytherapy; and therapeutic angiogenesis

Advanced Endovascular Therapies: Carotid Stent-Supported

Angioplasty (CSSA) and Endoluminal Aortic Aneurysm Stent-Grafts

Designed for the specialist interested in advanced endovascular therapies, this one-day symposium will be organized into two half-day (4 hours each) in-depth sessions examining carotid vascular therapeutic strategies, and aortic, both thoracic and abdominal aneurysm stent-graft techniques. This minicourse will give participants a working knowledge of:

- * Neurovascular anatomy, surgical endarterectomy, and stent-supported carotid angioplasty
- * Distal protection devices, avoidance and management of complications, and acute stroke intervention
- * Complex cases and details of patient-care algorithms, including methods for data collection and appropriate follow-up
- * Clinical syndromes and existing therapeutic alternatives in patients with thoracic or abdominal aortic aneurysms
- * Specific devices and endoluminal techniques associated with the therapeutic use of catheter-based aortic aneurysm stent-grafts

The Imaging Symposium: From Morphologic Characterization to Physiologic Assessment

Developed specifically for practicing interventionalists who require further training and updates in important adjunct diagnostic technologies, including intravascular ultrasound (IVUS) and physiologic lesion assessment with flow and pressure wires. This minicourse will provide participants with a complete understanding of:

- * Morphologic lesion characterization and interpretation using IVUS techniques
- * Differences among the various IVUS devices and image acquisition requirements
- * Diagnostic utility of IVUS to assist with optimal coronary interventional therapeutics
- * Specific coronary physiology issues underlying the use of flow and pressure wires to assess lesion severity and the adequacy of interventional therapies
- * Case-based examples of the use of coronary flow/pressure wires to impact interventional decision-making

The Cardiovascular Nurse and Technologist Symposium

WEDNESDAY, OCTOBER 18, 2000

8:00 am - 5:00 pm

Emphasizing issues most relevant to the cardiovascular nurse and technologist, this one-day seminar will provide a comprehensive update on the latest advances in interventional transcatheter therapeutics and pharmacologic therapy and will highlight:

- * New treatments for acute ischemic syndromes and myocardial infarction
- * The latest interventional catheter-based systems, including stents and atheroablative technologies
- * Important adjunctive diagnostic modalities, including intravascular ultrasound and physiologic lesion assessment with coronary flow and pressure wires
- * Adjunctive pharmacologic agents, covering the explosive growth in the fields of IIb/IIIa receptor blockers and other new potent antiplatelet and antithrombotic agents
- * Advances in hemodynamic support and wound-closure devices
- * Recognition and management of interventional complications
- * Emerging investigational modalities, including therapeutic angiogenesis, via laser and gene therapy; vascular radiation therapy; and distal embolic protection devices

Scientific Abstracts

WEDNESDAY, OCTOBER 18, 2000
3:00 am - 5:00 pm

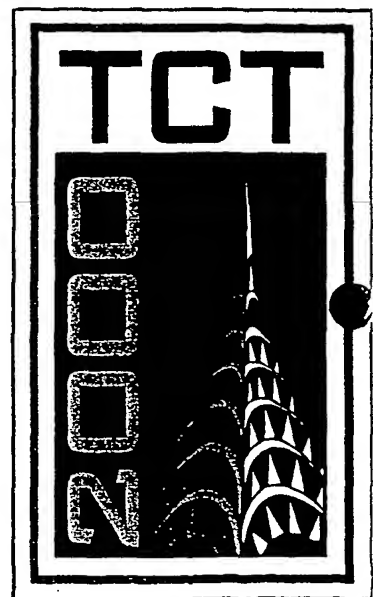
A longstanding component of TCT, the scientific abstracts represent a vital effort to provide visibility to the most current basic science and clinical investigations pertaining to topics in the field of interventional vascular medicine.

- * Contributions will be worldwide; submissions from international colleagues are especially encouraged
- * Approximately 100 best oral abstracts and 200 posters will be selected for presentation by a panel of graders consisting of members of the Society of Coronary Angiography & Interventions (SCA&I)
- * Abstracts will be published and distributed in print and electronic formats

Please note that the
TCT 2000 Abstract
Deadline is Friday,
July 14, 2000

Self-Assessment Course

TUESDAY & WEDNESDAY, OCTOBER 17 - 18, 2000
7:30 am - 7:00 pm



3rd Annual Interventional Cardiology Self-Assessment Course

This two-day course, taught by a panel of international authorities, will serve as a comprehensive review for the interventional cardiologist by encompassing a broad scope of preclinical and clinical catheter-based revascularization topics, highlighting interrelated fields relevant to the practicing physician. This special TCT event is designed specifically for physicians preparing for the interventional cardiology boards, or those desiring an up-to-date refresher course.

Format: Didactic sessions with an emphasis on evidenced-based medicine from randomized trials, clinical case scenarios, image interpretation, video case presentations, and breakout workshops. All main sections of the course will conclude with a review session of multiple-choice and single-best-answer questions, incorporating an interactive audience response system affording immediate scoring and confidential self-assessment. New for TCT 2000, a representative board-style exam upon completion of the course, allowing confidential relative peer ranking!

Topics covered at the Self-Assessment Course will include:

- * Basic science (e.g., vascular biology and atherosclerosis; restenosis; cardiac anatomy; hematology)
- * Catheterization laboratory basics, including radiation biology and physics; dosimetry; and radiation risks and safety considerations
- * Angioplasty indications, complications, and outcomes, including comparison with medical and surgical options
- * Angioplasty equipment selection and techniques (e.g., guidewires, guide catheters, balloon materials, and sizing)
- * New-device angioplasty (e.g., stents, laser, atherectomy); indications; equipment selection; and technique and outcomes
- * Application of mechanical reperfusion therapy in acute myocardial infarction (in patients with and without thrombolytic therapy)
- * Complex angioplasty (lesion-specific and patient-specific approaches)
- * Interventional pharmacology (e.g., IIb/IIIa inhibitors; ADP antagonists; direct antithrombins; low-molecular-weight heparins; thrombolytic therapy; anticoagulants; contrast agents; vasopressors)
- * Hemodynamic support devices and management of cardiogenic shock
- * Present-day indications for, and techniques of, mitral, aortic, and pulmonary valvuloplasty
- * Interventional management of adult congenital heart disease
- * Imaging modalities and physiologic lesion evaluation in the catheterization laboratory (e.g., quantitative coronary angiography; intravascular ultrasound; angioscopy; and Doppler and pressure-wire lesion assessment)
- * Vascular access approaches, complications, and wound-closure devices
- * Cost-effectiveness considerations in invasive and interventional cardiology

The majority of the Self-Assessment Course will be held before the opening of the plenary sessions, allowing attendees full access to TCT 2000.

Separate registration is required for this course, with attendance limited to the first 750 participants.

Self-Assessment

TUESDAY - WEDNESDAY, OCTOBER 17-18, 2000

TUESDAY, OCTOBER 17, 2000

Basic Science for the Interventional Cardiologist

- * Principles of Atherogenesis
 - * Restenosis: Evolving Concepts
 - * Hematology for the Cardiologist
 - * Statistics, Epidemiology, Trial Design, and Economics
- Basic Science—Multiple Choice Questions and Answers

Central Concepts of Cardiac Catheterization

- * Radiation Principles and Safety
 - * Coronary Anatomy and Physiology
 - * Contrast Agents
- Catheterization Laboratory Basics—Multiple Choice Questions and Answers

Percutaneous Coronary Intervention I: Indications and Techniques

- * Indications and Outcomes of PCI in Chronic CAD
 - * The Approach to Acute Coronary Syndromes
 - * Percutaneous Intervention: Clinical Considerations and High Risk Patients
 - * Lesion Specific Percutaneous Intervention Considerations
- PCI Indications and Techniques—Multiple Choice Questions and Answers

Percutaneous Coronary Intervention II: Techniques and Complications

- * Percutaneous Intervention Techniques
 - * Prevention and Management of Complications I
 - * Prevention and Management of Complications II
 - * Vascular Access and Complications in the PCI Patient
- Vascular and Percutaneous Intervention Complications—Multiple Choice Questions and Answers

Percutaneous Interventions in Acute Myocardial Infarction

- * Primary Mechanical Reperfusion in Acute MI
 - * PTCA After Thrombolytic Therapy
 - * Cardiogenic Shock and Hemodynamic Support
- Percutaneous Intervention in AMI—Multiple Choice Questions and Answers

Course Agenda

2000 7:30 am - 7:00 pm

WEDNESDAY, OCTOBER 18, 2000

Interventional Pharmacology and Acute Ischemic Syndromes

- * Aspirin and Thienopyridines
- * GP IIb/IIIa Receptor Antagonists I
- * GP IIb/IIIa Receptor Antagonists II
- * Heparin, LMW Heparins, Heparinoids and Antithrombins
- * Other Pharmacological Agents

Pharmacology and ACS—Multiple Choice Questions and Answers

New Device Angioplasty: Part I

- * Beyond Balloon Angioplasty: Patient and Lesion Specific Considerations for New Device Selection
- * Directional Coronary Atherectomy
- * Current Status of Rotational Atherectomy
- * Excimer Laser Coronary Angioplasty
- * Thrombectomy Devices

Devices I—Multiple Choice Questions and Answers

New Device Angioplasty: Part II

- * Coronary Stenting I
- * Coronary Stenting II
- * In-Stent Restenosis
- * Saphenous Vein Graft Interventions
- * Valvuloplasty

Devices II—Multiple Choice Questions and Answers

Imaging Modalities and Other

- * Angiographic artifacts and predictors of adverse events
- * IVUS Interpretation: The Basics
- * IVUS Applications During Percutaneous Intervention
- * Physiologic Lesion Assessment, Doppler and Pressure
- * Interventional Approaches to Congenital Heart Disease in the Adult

Imaging and Other—Multiple Choice Questions and Answers

SATURDAY, OCTOBER 21, 2000

Interventional Cardiology Pre-Test—"The Final Exam"
(Optional: For Self-Assessment Registrants Only)

Plenary

THURSDAY - SATURDAY

THURSDAY, OCTOBER 19, 2000

PLENARY SESSION #1

TCT: Beyond the Millennium

- * TCT 2000: Responding to the 21st Century
- * The TCT Phenomenon: Past and Future Challenges for the Endovascular Therapist (Video Presentation)

PLENARY SESSION #2

"Medical" Intervention in the New Device Era: The Cycle Complete?

- * Statins— The Next "Wonder" Drugs: Atherosclerosis Regression, Plaque Stabilization, and Improved Clinical Outcomes
- * Medical Practice After HOPE: Selective vs. Universal Treatment with Converting Enzyme Inhibitors in Patients with Vascular Disease
- * The Appropriate Use of "New Age" Antiplatelet Agents: Advanced Treatment Paradigms Incorporating Thienopyridines and IIb/IIIa Glycoprotein Inhibitors
- * **CONTROVERSY**—The Interventionalist's Response: Tempering the "Medical" Therapy Onslaught with Evidence-Based Coronary Revascularization
- * Can the Diabetic Spiral be Arrested? Integrating Angioplasty, Stenting, Surgery and Tight Glycemic Control into a Comprehensive Risk Reduction Program

PLENARY SESSION #3

Atherosclerosis and Molecular Cardiology

- * **FEATURED PRESENTATION**—New Concepts in Atherosclerosis: Pathogenetic Mechanisms and Clinical Implications of Infection and Inflammation
- * Molecular Cardiology for the "Clinician": Concepts, Semantics, and Clinical Applications—Hope or Hype?
- * Current and Future Molecular Biology Approaches to Solve the Enigma of Post-Angioplasty Restenosis

PLENARY SESSION #4

Late-Breaking Interventional Clinical Trials (1)

- * Including "first time" presented data from important interventional clinical trials in the areas of acute ischemic syndromes, adjunctive pharmacology (e.g. IIb/IIIa inhibitors), coronary stents, vascular brachytherapy, intravascular ultrasound/lesion physiology, extra-cardiac endoluminal intervention, angiogenesis/DMR, cardiovascular surgery, and distal protection devices.

Sessions

OBER 19 - 21, 2000

ENARY SESSION #5

Intra-Myocardial Revascularization Strategies (Angiogenesis and Direct Myocardial Revascularization)

- * **CONTROVERSY**—The Use (and Abuse) of Direct Myocardial Revascularization (DMR)—Laser or Otherwise—to Treat Myocardial Ischemia
 - I. Current Surgical Practice Standards
 - II. Present Status and Future of Percutaneous Approaches
- * **POINT—COUNTERPOINT**—Will Angiogenesis Strategies be a Useful Clinical Tool in Patients with Refractory Ischemic Vascular Disease?
 - PRO - A Plethora of Experimental Data and Encouraging Early Clinical Results
 - CON - Conflicting Data, Premature Clinical Enthusiasm, and Sobering Practical Considerations

ENARY SESSION #6

Novel Anti-Restenosis Therapies: Is "Energy" the Answer?

- I. Photo-Angioplasty Using Antrin: Plaque Sensitization + Phototherapy (red light)
- II. Ultrasonic Angioplasty: The Healing Power of Sound
- III. Cryo-Angioplasty: "Freezing" the Restenosis Process

FRIDAY, OCTOBER 20, 2000

ENARY SESSION #7

Innovations in Cardiovascular Surgery

- * **FEATURED LECTURE**—The Dramatic Emergence of "Beating Heart" Surgery: Paving the Way to Totally Endoscopic Robotic Cardiac Surgical Procedures
- * Surgical Therapies for the "Failing" Heart: New Devices and Concepts to Expand the Armamentarium

ENARY SESSION #8

Endovascular Prosthetic Devices (Stents)

- * Emerging Clinical Indications for Coronary Stenting—Left Main Disease, Bifurcation Lesions, Small Vessels, and Diffuse Disease—A Bridge Too Far?
- * Integrating Changes in Coronary Stent Operator Techniques: High vs. Moderate Pressure Dilatations, Debulking, Provisional Stenting, and Direct Stenting
- * Progress in the Approach to In-Stent Restenosis: Epidemiology, Pathobiology, Diagnosis, Therapy and Future Innovative Approaches
- * **CONTROVERSY**—Can Aggressive Stenting Compare Favorably with Surgical Revascularization in Patients with Multivessel Disease?
- * **FEATURED PRESENTATIONS**—The Era of "Smart" Stents will Revolutionize Coronary Intervention:
 - I. "Passive" Thromboresistant Coatings (heparin, phosphorycholine, carbon, silicon carbide, others)
 - II. "Active" Anti-Proliferative Drug Platforms (taxol and taxine derivatives, rapamycin, NO donors, others)
 - III. Endoluminal Stent Grafts
 - IV. Biodegradable Stents

Plenary Sessions, Friday, October 20, 2000 continued

PLENARY SESSION #9

Late-Breaking Interventional Clinical Trials (2)

- * Including "first time" presented data from important interventional clinical trials in the areas of acute ischemic syndromes, adjunctive pharmacology (e.g. IIb/IIIa inhibitors), coronary stents, vascular brachytherapy, intravascular ultrasound/lesion physiology, extra-cardiac endoluminal intervention, angiogenesis/DMR, cardiovascular surgery, and distal protection devices.

PLENARY SESSION #10

Adjunctive Anti-Platelet and Anti-Thrombotic Pharmacology

- * **FEATURED PRESENTATION**—Understanding the Differences Among IIb/IIIa Platelet Inhibitors: A "Class Effect" or Drug-Specific Properties
 - * Harmonizing Pharmacologic and Mechanical Treatment Strategies in . . .
 - I. Acute Ischemic Syndromes (unstable angina and peri-infarction states)
 - II. Acute Myocardial Infarction
- THE ISSUES**
- a) aggressive vs. conservative approaches
 - b) choice and timing of pharmacology (thienopyridines, IIb/IIIa platelet inhibitors, LMW heparins, thrombolytics, etc.)
 - c) new agents/devices on the horizon

PLENARY SESSION #11

TCT Career Achievement Award 2000

PLENARY SESSION #12

Carotid Stent Supported Angioplasty

- * **CONTROVERSY**— The Potential Impact of Carotid Stent Supported Angioplasty on the Treatment of Carotid Bifurcation Disease
 - I. Surgical Perspectives
 - II. Interventional Viewpoint
 - III. The Role of Distal Protection

SATURDAY, OCTOBER 21, 2000

PLENARY SESSION #13

Vascular Brachytherapy

- * The Vascular Brachytherapy "Device Parade"—Radiation Sources, Dosimetry Issues, Delivery Systems, and Logistic Concerns
- * Reviewing the Vascular Brachytherapy Clinical Data: Trials Update and Clinical Indications
- * **POINT—COUNTERPOINT**—Vascular Brachytherapy Represents the Next "Big Breakthrough"
- * Anti-Restenosis Therapy
 - PRO - Widespread Clinical Applications
 - CON - Limited Use in Special "Niche-Only" Situations

LENARY SESSION #14

Cardiovascular Imaging and Physiologic Lesion Assessment

- * **CONTROVERSY**—The Appropriate Role of Intravascular Ultrasound (IVUS) and Coronary Physiologic Lesion Assessment (FFR/CFR) During Interventional Coronary Procedures
- * The Multivaried Use of Magnetic Resonance Imaging in Cardiovascular Disease: Assessing Anatomy, Function, and Perfusion

LENARY SESSION #15

"Special" Patient Cohorts: Women and the Elderly

- * Coping with an Aging Population: Understanding Geriatric Pathobiology, Reviewing Interventional Outcomes and Proposed Treatment Paradigms
- * Neglect, Denial and Confusion: Recognizing and Rectifying Suboptimal Care Patterns for Women with Cardiovascular Disease

LENARY SESSION #16

Extra-Cardiac Vascular Intervention

- * **FEATURED PRESENTATION**—Endoluminal Stent Grafts for Exclusion of Abdominal and Thoracic Aortic Aneurysms: Devices, Clinical Experiences, Pitfalls, and Future Promise
- * Interventional Therapies for Renovascular Disease: Rationale, Techniques, Clinical Results, and Future Enhancements

LENARY SESSION #17

Futuristic Milieu Changes: Information Systems and Cath Lab Enhancements

- * Harnessing the Power of the Internet: Databases, Web Sites, Education, Training, and Restructuring Clinical Practice Concepts
- * Cath Lab of the Future: Hardware, Software, 3D Platforms, Telemanipulation, and Beyond

LENARY SESSION #18

Miscellaneous Advanced Interventional Therapies and Innovative "Hot" Topics

- * The Rapid Integration of Trans-Radial Catheterization Techniques: Global vs. Selective Use Patterns
- * In Situ Non-Surgical Coronary Artery Bypass Modalities: Anatomic Approaches, Technical Challenges, and Projected Clinical Applications
- * Anatomic Closure of PFO's for Stroke Prevention: Patient Screening, Practical Start-Up Issues, Training, and Clinical Results
- * The Exploding Field of Distal Embolic Protection Devices: Underlying Rationale, Methodology Overview, and Preliminary Clinical Results
- * Non-Surgical Septal Reduction Procedures for Obstructive Hypertrophic Cardiomyopathy
- * "Cutting" Balloon Atherotomy + Angioplasty: New Clinical Trial Results and Shifting Anatomic Indications
- * The Broad Spectrum of New and Improved Coronary Atherectomy Devices: A Return to Primary and/or Adjunctive Debulking?
- * Innovative Techniques and Devices to Facilitate Treatment of Chronic Total Coronary Occlusions—The Last Frontier
- * The Re-emergence of Vascular Closure Devices: Improved Technology and Rapid Clinical Acceptance

Day at a Glance

THURSDAY, OCTOBER 19, 2000

MAIN ARENA

CONCURRENT SESSIONS

7:30

PLENARY SESSION #1

TCT: Beyond the Millennium

8:00

LIVE CASE DEMONSTRATIONS #1A

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Columbus Hospital, Milan, ITALY
Coordinated by: Antonio Colombo, MD; Carlo Di Mario, MD and Colleagues
- 3) Shaare Zedek Medical Center, Jerusalem, ISRAEL
Coordinated by: Yaron Almogor, MD and Colleagues

9:00

10:00

PLENARY SESSION #2

"Medical" Intervention: The Cycle Complete?

11:00

PLENARY SESSION #3

Atherosclerosis and Molecular Cardiology

Noon

LIVE CASE DEMONSTRATIONS #2A

2:30

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Columbus Hospital, Milan, ITALY
Coordinated by: Antonio Colombo, MD; Carlo Di Mario, MD and Colleagues
- 3) Shaare Zedek Medical Center, Jerusalem, ISRAEL
Coordinated by: Yaron Almogor, MD and Colleagues
- 4) William Beaumont Hospital, Royal Oak, Michigan
Coordinated by: William O'Neill, MD; Cindy Grines, MD; Robert Safian, MD and Colleagues

1:00

1:30

2:00

PLENARY SESSION #4

Late-Breaking Interventional Clinical Trials

3:00

LIVE CASE DEMONSTRATIONS #3A

4:00

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) William Beaumont Hospital, Royal Oak, Michigan
Coordinated by: William O'Neill, MD; Robert Safian, MD; Cindy Grines, MD and Colleagues
- 3) Miami Heart and Vascular Institute, Miami, Florida
Coordinated by: Barry Katzen, MD and Colleagues

5:00

PLENARY SESSION #5

Intra-myocardial Revascularization Strategies

6:00

PLENARY SESSION #6

Novel Anti-restenosis Therapies: Is "Energy" the Answer?

6:30

CONCURRENT SESSIONS #1 - 5

10:00 am - 12:30 pm

- 1) Point/Counterpoint I: Controversies in Coronary Intervention
- 2) Coronary Stents I: New Stent Designs
- 3) Peripheral Intervention I: Diagnosis and Management of Iliac and Infra-inguinal Disease
- 4) Interventional Pharmacology I: Anti-Restenosis Therapies (Local and Systemic)
- 5) The Women's Cardiovascular Healthcare Initiative: Socio-medical Issues, Clinical Trials, and Future Directions

CONCURRENT SESSIONS #6 - 10

3:00 pm - 5:30 pm

- 6) Point/Counterpoint II: Controversies in Extra-Cardiac Intervention
- 7) Coronary Stents II: Complex Lesion Subsets
- 8) Peripheral Intervention II: Diagnosis and Management of Aortic and Renal Disease
- 9) Interventional Pharmacology II: Angiplatelet and Antithrombotic Agents
- 10) Vascular Access and Wound Closure Technologies (sponsored by SCA&I)

BREAKOUT SESSIONS

CLINICAL THEATER

Advanced Coronary Intervention

CORONARY STATE OF THE ART #1

- 1) PTCA vs. CABG vs. Medical Therapy—Randomized Trials and Cost-Effectiveness Data
- 2) Coronary Stent Design Considerations
- 3) Interventional Pharmacology

LIVE CASE DEMONSTRATIONS #1C

CORONARY INTERVENTION

- 1) Columbus Hospital, Milan, ITALY
Coordinated by: Antonio Colombo, MD; Carlo Di Mario, MD and Colleagues
- 2) Shaare Zedek Medical Center, Jerusalem, ISRAEL
Coordinated by: Yaron Alamgor, MD and Colleagues
- 3) William Beaumont Hospital, Royal Oak, Michigan
Coordinated by: William O'Neill, MD; Cindy Grines, MD; Robert Safian, MD and Colleagues

NIGHTTIME BREAKOUT SESSIONS #1-10

12:30 pm - 1:30 pm

Acute Infarct Angioplasty and the Thrombus-Containing Lesion
Chronic Total Occlusions and Bifurcation Disease
Unprotected Left Main and Ostial Disease
Bypassed Vein Graft Disease
Management of In-Stent Restenosis
Lesion-Specific Stenting: The Right Stent, The Right Approach
Diffuse Disease and Small Vessels: Dilating, Debulking, and Stenting
Peripheral Intervention I: Renovascular Disease and Aortic Lesions
Peripheral Intervention II: Iliac and Lower Extremity Angioplasty
Preventing and Managing Cath Lab Complications

LIVE CASE DEMONSTRATIONS #2C

CORONARY INTERVENTION

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) William Beaumont, Royal Oak, Michigan
Coordinated by: William O'Neill, MD; Cindy Grines, MD; Robert Safian, MD and Colleagues
- 3) Miami Heart and Vascular Institute, Miami, Florida
Coordinated by: Barry Katzen, MD and Colleagues

CORONARY STATE OF THE ART #2

5:00 pm - 6:00 pm

- 4) Approach to Chronic Total Occlusions
- 5) Approach to Small Vessels and Diffuse Disease
- 6) Approach to Left Main and Ostial Disease

Day at a Glance

FRIDAY, OCTOBER 20, 2000

MAIN ARENA

CONCURRENT SESSIONS

LIVE CASE DEMONSTRATIONS #4A

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Clinique Pasteur, Toulouse, FRANCE
Coordinated by: Jean Marco, MD; Jean Fajadet, MD and Colleagues
- 3) Heart Center Hospital, Seigburg, GERMANY
Coordinated by: Eberhard Grube, MD and Colleagues

PLENARY SESSION #7

Innovations in Cardiovascular Surgery

PLENARY SESSION #8

Endovascular Prosthetic Devices (Stents)

LIVE CASE DEMONSTRATIONS #5A

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Clinique Pasteur, Toulouse, FRANCE
Coordinated by: Jean Marco, MD; Jean Fajadet, MD and Colleagues
- 3) Heart Center Hospital, Seigburg, GERMANY
Coordinated by: Eberhard Grube, MD and Colleagues
- 4) Mayo Clinic, Rochester, Minnesota
Coordinated by: David R. Holmes, Jr., MD; Kirk Garrett, MD and Colleagues

PLENARY SESSION #9

Late-Breaking Interventional Clinical Trials

LIVE CASE DEMONSTRATIONS #6A

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Mayo Clinic, Rochester, Minnesota
Coordinated by: David R. Holmes, Jr., MD; Kirk Garrett, MD and Colleagues
- 3) Arizona Heart Institute, Phoenix, Arizona
Coordinated by: Edward B. Diethrich, MD and Colleagues

PLENARY SESSIONS #10 - 12

Adjunctive Anti-Platelet and Anti-Thrombotic Pharmacology

The TCT Career Achievement Award

Carotid Stent-Supported Angioplasty

CONCURRENT SESSIONS #11 - 15

10:00 am - 12:30 pm

- 11) The FDA Town Hall Meeting I
- 12) Cardiovascular Surgery Seminar: Minimally Invasive Manure Robotics Begin
- 13) Acute Ischemic Coronary Syndromes I: New Approaches to Unstable Angina and Non Q-Wave MI
- 14) Clinical Interventional Cardiology I: From Screening to Statins and ACE Inhibitors (sponsored by SCA&I)
- 15) Radiation Vascular Therapies for Coronary and Peripheral Vascular Disease

CONCURRENT SESSIONS #16 - 20

3:00 pm - 5:30 pm

- 16) The FDA Town Hall Meeting II
- 17) Clinical Interventional Cardiology II: Managing the Diabetic Patient
- 18) Imaging in the Cath Lab (IVUS, Flow/Pressure): What You Must Know
- 19) Valvuloplasty and the Interventional Approach to Congenital Heart Disease (sponsored by SCA&I)
- 20) Angioplasty Guidelines: Training Considerations and Interventional Board Certification (sponsored by SCA&I)

GALA RECEPTION AT UNIOI

BREAKOUT SESSIONS

CLINICAL THEATER

CORONARY STATE OF THE ART #3

- 7) Approach to Degenerated Saphenous Vein Grafts
- 8) Approach to Bifurcated Lesions
- 9) Approach to In-Stent Restenosis

8:00

LIVE CASE DEMONSTRATIONS #3C

CORONARY INTERVENTION

- 1) Clinique Pasteur, Toulouse, FRANCE
Coordinated by: Jean Marco, MD; Jean Fajadet, MD and Colleagues
- 2) Heart Center Hospital, Seigburg, GERMANY
Coordinated by: Eberhard Grube, MD and Colleagues
- 3) Mayo Clinic, Rochester, Minnesota
Coordinated by: David R. Holmes, Jr., MD; Kirk Garrett, MD and Colleagues

9:00

10:00

11:00

Noon

LUNCHTIME BREAKOUT SESSIONS #11-20

12:30 pm - 1:30 pm

- 1) Acute Infarct Angioplasty and the Thrombus-Containing Lesion
- 2) Insights from Imaging: IVUS and Physiologic Lesion Assessment
- 3) The High-Risk Patient and the High-Risk Lesion
- 4) Saphenous Vein Graft Disease
- 5) Management of In-Stent Restenosis
- 6) Lesion-Specific Stenting: The Right Stent, The Right Approach
- 7) Diffuse Disease and Small Vessels: Dilating, Debulking, and Stenting
- 8) Peripheral Intervention I: Renovascular Disease and Aortic Lesions
- 9) Peripheral Intervention III: Carotid and Neurovascular Disease
- 0) Preventing and Managing Cath Lab Complications

12:30

1:00

1:30

2:00

LIVE CASE DEMONSTRATIONS #4C

CORONARY INTERVENTION

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Mayo Clinic, Rochester, Minnesota
Coordinated by: David R. Holmes, Jr., MD; Kirk Garrett, MD and Colleagues
- 3) Arizona Heart Institute, Phoenix, Arizona
Coordinated by: Edward B. Diethrich, MD and Colleagues

3:00

4:00

5:00

CORONARY STATE OF THE ART #4

5:00 pm - 6:00 pm

- 10) Strategies in Acute Myocardial Infarction
- 11) Utility of IVUS and Flow/Pressure Wires
- 12) Vascular Access and Wound-Closure Devices

6:00

6:30

SESSION 7:30 pm - 11:00 pm

October 17 - 22, 2000 Washington, DC

Transcatheter Cardiovascular Therapeutics 2000

Day at a Glance

SATURDAY, OCTOBER 21, 2000

MAIN ARENA

CONCURRENT SESSIONS

3:00

LIVE CASE DEMONSTRATIONS #7A

1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues

3:00

2) Asan Medical Center, Seoul, KOREA
Coordinated by: Sung-Jung Park, MD and Colleagues

3) The Rhode Island Hospital, Providence, Rhode Island
Coordinated by: David O. Williams, MD and Colleagues

0:00

PLENARY SESSIONS #13 - 15

Vascular Brachytherapy

1:00

Cardiovascular Imaging and Physiologic Lesion Assessment

"Special" Patient Cohorts: Diabetics and Women

noon

LIVE CASE DEMONSTRATIONS #8A

2:30

1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues

1:00

2) The Rhode Island Hospital, Providence, Rhode Island
Coordinated by: David O. Williams, MD and Colleagues

1:30

3) Stanford University Medical Center, Stanford, California
Coordinated by: Alan Yeung, MD and Colleagues

2:00

PLENARY SESSIONS #16 - 17

Extra-Cardiac Vascular Intervention

Futuristic Changes: Information Systems and Cath Lab Enhancements

3:00

LIVE CASE DEMONSTRATIONS #9A

4:00

1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues

2) The Rhode Island Hospital, Providence, Rhode Island
Coordinated by: David O. Williams, MD and Colleagues

3) Stanford University Medical Center, Stanford, California
Coordinated by: Alan Yeung, MD and Colleagues

5:00

PLENARY SESSION #18

6:00

Miscellaneous Advanced Interventional Therapies and Innovative "Hot" Topics

6:30

CONCURRENT SESSIONS #21 - 25

10:00 am - 12:30 pm

21) Direct Myocardial Revascularization and Angiogenesis for End-Stage Ischemic Vascular Disease

22) "Hot" Interventional Topics from the Asian Pacific Rim

23) New Directions: Distal Embolic Protection and Device Therapy for Congestive Heart Failure

24) SOLACI at TCT 2000

25) PTCA and Miscellaneous Topics

CONCURRENT SESSIONS #26 - 30

3:00 pm - 5:30 pm

26) Acute Ischemic Coronary Syndromes II: New Directions in Acute Myocardial Infarction

27) Atheroablative Techniques (Lasers and Atherectomy) and Thrombectomy: Consensus, Applications, and Novel Devices

28) New Interventional Breakthroughs from Europe

29) Clinical Trial Design and Interpretation and Cost-Effectiveness Issues in Interventional Vascular Therapy

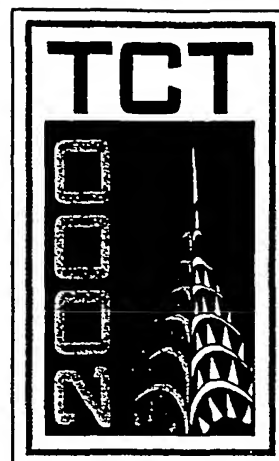
30) The "Final Exam": Multiple-Choice Questions from the TCT Self-Assessment Course (For Self-Assessment Registrants Only)

BREAKOUT SESSIONS CLINICAL THEATER

	PERIPHERAL STATE OF THE ART #1	8:00
	1) Approach to the Iliac Lesion	
	2) Approach to Femoral and Lower Extremity Lesions	
	3) Approach to Renovascular and Aortic Disease	9:00
	4) Approach to Carotid and Neurovascular Disease	
	LIVE CASE DEMONSTRATIONS #5C	9:30
	PERIPHERAL VASCULAR INTERVENTION	10:00
	1) Lenox Hill Hospital, New York City Coordinated by: Jeffrey W. Moses, MD, Gary S. Roubin, MD, PhD and Colleagues	11:00
	2) Asan Medical Center, Seoul, KOREA Coordinated by: Sung-Jung Park, MD and Colleagues	Noon
	3) Stanford University Medical Center, Stanford, California Coordinated by: Alan Yeung, MD and Colleagues	12:30
NIGHTTIME BREAKOUT SESSIONS #21-30		
12:30 pm - 1:30 pm		1:00
Acute Infarct Angioplasty and the Thrombus-Containing Lesion		
Insights from Imaging: IVUS and Physiologic Lesion Assessment		
The High-Risk Patient and Lesion		
Chronic Total Occlusions and Bifurcation Disease		1:30
Unprotected Left Main and Ostial Disease		
Lesion-Specific Stenting: The Right Stent, the Right Approach		2:00
Diffuse Disease and Small Vessels: Dilating, Debulking, and		
Stenting		
Peripheral Intervention II: Iliac and Lower Extremity Angioplasty		
Peripheral Intervention III: Carotid and Neurovascular Disease		
Preventing and Managing Cath Lab Complications		3:00
		4:00
		5:00
		6:00
		6:30

How-To Operator Workshops

SUNDAY, OCTOBER 22, 2000
8:00 am - 12:00 pm



- 1) **Starting a Radiation Vascular Therapy Program**
In-depth coverage of the key concepts, personnel, and logistics required to initiate a vascular brachytherapy program (including a hands-on workshop of investigational systems currently in use).
- 2) **Starting a Peripheral Vascular Intervention Program**
Review of the essentials necessary to perform percutaneous peripheral intervention (iliofemoral; lower extremity; renovascular; and neurovascular), including vascular laboratory considerations, equipment, and personnel responsibilities.
- 3) **Technique and Approach of Transradial Angiography and Intervention**
Detailed overview of the results, benefits, and technique of radial artery access, taught by the originators of this increasingly popular approach.
- 4) **Advanced Stent Techniques: How to "Choose and Use" the Right Stent**
"No-holds barred," honest review of stent design considerations, emphasizing the similarities and differences between presently available stents, with detailed coverage of advanced stent techniques (bifurcations, small vessels, vein graft approaches, etc.) and complications management.
- 5) **IVUS, Doppler FloWire, and Pressure Wire Interpretation Workshop: A Practical User's Guide**
Intimate and highly interactive workshop in which the participant will learn basic and advanced cath lab applications of IVUS and physiologic lesion assessment to optimize patient outcomes.
- 6) **Carotid Stent Training: Preparing for the Future**
In preparation for the large randomized trials of carotid stenting versus surgical endarterectomy on the horizon, an essential primer for the interventionalist on how to establish a percutaneous carotid angioplasty program, including review of tips and techniques for procedural and clinical success.
- 7) **Direct Myocardial Revascularization and Electromechanical Mapping Techniques**
Review of the methods and outcomes of percutaneous myocardial revascularization, a new technique offering tremendous promise for the treatment of patients with otherwise nonrevascularizable coronary artery disease, with particular focus on the range of systems presently undergoing investigational study. Also, the exciting new diagnostic and guidance modality—LV electromechanical mapping—will be discussed and reviewed in detail by experts in the field.
- 8) **Non-Surgical Septal Ablation Techniques for Obstructive Hypertrophic Cardiomyopathy**
Comprehensive coverage of the methodology and results of percutaneous alcohol infusion for septal ablation—an exciting new option for primary treatment of patients with hypertrophic cardiomyopathy.
- 9) **How to Effectively Incorporate Rotational Atherectomy into Day-to-Day Practice**
Overview of the most technically challenging yet indispensable procedure in interventional cardiology for the advanced operator—rotational atherectomy, including contemporary modifications in technique and device design to maximize success and avoid complications, applying recent lessons from experimental and randomized trials.
- 10) **Distal Embolic Protection Devices—Improving Safety and Expanding Clinical Applications**
Update and overview of the exciting new field of embolic protection devices and their impact on interventional therapeutic Device designs, operator techniques, and case reviews will be discussed for the multiple new distal occlusion devices and filters which are being clinically applied as an adjunct to interventional procedures in saphenous vein grafts; carotid arteries; acute myocardial infarction syndromes; and renovascular disease.

CME Accreditation

The Cardiovascular Research Foundation is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

Designation

The Cardiovascular Research Foundation designates this continuing medical education activity for up to 66 credit hours in Category I of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours that he/she actually spent in the educational activity.

- 2-day Self Assessment Minicourse: 21 hours
- 1-day Minicourses: 8 hours each course
- TCT 2000: 33 hours
- How-To Operator Workshops (half-day): 4 hours

Disclosure Policy

It is the policy of the Cardiovascular Research Foundation to ensure balance, independence, objectivity, and scientific rigor in all its sponsored educational programs. All faculty participating in continuing medical education activities sponsored by the Cardiovascular Research Foundation are required to disclose to the program audience any real or apparent conflict of interest related to the content of their presentations. Faculty not complying with this policy will not be permitted to participate in TCT 2000.

Cancellation Policy

Cancellations received in writing by September 1, 2000 will be refunded less a \$100 administrative fee. Cancellations received in writing between September 1 and October 1, 2000 will be subject to a 50% penalty. No refunds will be given after October 1, 2000.

CRF Travel is happy to assist with all your travel needs. For ticket information and pricing, please contact Nury Scala, Travel Manager via e-mail at nscala@compuserve.com, Fax 1-212-434-6356 or telephone at 1-888-469-0273 or 1-212-434-6369.

Airline Travel

The Cardiovascular Research Foundation is pleased to introduce CRF Travel LLC, a full service travel agency designed to provide reliable, cost-effective and efficient travel service. CRF Travel offers an extensive range of services including:

- * Domestic and international flight reservations
- * Low airfares worldwide
- * Car rentals
- * Ground transportation
- * On-line booking

CRF Travel has one goal: to make your travel to and from TCT, and other CRF sponsored meetings, as simple and as cost-effective as possible. We have contracted with numerous national and international carriers in an effort to provide the lowest possible airfares for TCT attendees worldwide.

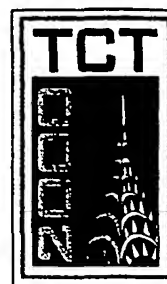
Whether your travels originate in the US, Europe, Bermuda, Canada, the Caribbean, Mexico, South America, or Asia, be sure to contact CRF Travel.

Discounts are valid from October 15 to 25 for travel to Washington, DC (Reagan and Dulles Airports) as well as Baltimore, MD.

CRF Travel is happy to assist with all your travel needs. For ticket reservations, information, and pricing, please contact:

Nury Scala, Travel Manager via e-mail at nscala@compuserve.com, Fax 1-212-434-6356 or telephone at 1-888-469-0273 or 1-212-434-6369.

TCT 2000 Invited Faculty



COURSE DIRECTOR

Martin B. Leon, MD
Gregg W. Stone, MD

COURSE CO-DIRECTORS

Michael B. Collins, MD
Antonio Colombo, MD
Mark W. Connolly, MD
George D. Dangas, MD
Sriram S. Iyer, MD
Alexandra J. Lansky, MD
Roxana Mehran, MD
Jeffrey W. Moses, MD
Issam Moussa, MD
Gary S. Roubin, MD, PhD
Valavanur A. Subramanian, MD
Paul S. Teirstein, MD
Jiri J. Vitek, MD

INTERNATIONAL FACULTY

Alexandre Abizaid, MD
Institute Dante Pazzanese of Cardiology
Sao Paulo, BRAZIL

Andrea Abizaid, MD
Institute Dante Pazzanese of Cardiology
Sao Paulo, BRAZIL

Yaron Almagor, MD
Shaare Zedek Medical Center
Jerusalem, ISRAEL

Max Amor, MD
Polyclinique, Essey-les-Nancy
Essey-les-Nancy, FRANCE

Antonio L. Bartorelli, MD
Institute of Cardiology—
University of Milan
Milan, ITALY

Jorge Belardi, MD
Instituto Cardiovascular de
Buenos Aires
Buenos Aires, ARGENTINA

Shlomo Ben-Haim, MD
Technion-Israel Institute of Technology
Haifa, ISRAEL

Michel Bertrand, MD
Hopital Cardiologique
Lille, FRANCE

Rafael Beyar, MD
Technion-Israel Institute of Technology
Haifa, ISRAEL

Giancarlo Biamino, MD
Center for Cardiology and Vascular
Intervention
Hamburg, GERMANY

Luc Bilodeau, MD
Montreal Heart Institute
Montreal, Quebec, CANADA

Raoul Bonan, MD
Montreal Heart Institute
Montreal, Quebec, CANADA

J.J.R.M. (Hans) Bonnier, MD
Catharina Hospital
Eindhoven, THE NETHERLANDS

Martin M. Brown, MD
Institute of Neurology
London, England, UNITED KINGDOM

Jacques Busquet, MD
Clinique Chirurgicale - Bel Air
Bordeaux, FRANCE

Edoardo Camenzind, MD
University Hospital Geneva
Geneva, SWITZERLAND

Alain Carpentier, MD, PhD
Hospital Broussais
Paris, FRANCE

Bernard Chevalier, MD
Centre Cardiologie du Nord
Saint-Denis, FRANCE

Alain G. Cribier, MD
Hopital Charles Nicolle
Rouen, FRANCE

David C. Cumberland, MD
The University of Sheffield, Northern
General Hospital
Sheffield, England, UNITED KINGDOM

Bernard de Bruyne, MD
Cardiovascular Center Aalst
Aalst, BELGIUM

Juan L. Delcan, MD
Hospital G. Universitario
Madrid, SPAIN

Ivan DeScheerder, MD
Universitaire Ziekenhuizen Leuven
Leuven, BELGIUM

Carlo Di Mario, MD
Columbus Hospital
Milan, ITALY

Raimund Erbel, MD
University Essen
Essen, GERMANY

Jean Fajadet, MD
Clinique Pasteur
Toulouse, FRANCE

Eulogio Garcia, MD
Hospital G. Universitario
Madrid, SPAIN

Anthony H. Gershlick, MD
University of Leicester
Leicester, England, UNITED KINGDOM

Eberhard Grube, MD
Heart Center Siegburg
Siegburg, GERMANY

Jaap Hamburger, MD, PhD, FESC
Thoraxcenter—Erasmus University
Rotterdam, THE NETHERLANDS

Christian W. Hamm, MD
Kerckhoff Clinic
Bad Nauheim, GERMANY

Michael Haude, MD
University Essen
Essen, GERMANY

Michel Henry, MD
Polyclinique, Essey-les-Nancy
Essey-les-Nancy, FRANCE

Rainer Hoffmann, MD
University Hospital Aachen
Aachen, GERMANY

Kanji Inoue, MD
Takeda Hospital
Kyoto, JAPAN

Thomas Ischinger, MD
Klinikum Bogenhausen
Munich, GERMANY

Karl R. Karsch, MD
University of Tübingen
Tübingen, GERMANY

Adnan Kastrati, MD
Deutsches Herzzentrum und
Medizinische Klinik der Technischen
Universität München
Munich, GERMANY

Osamu Katoh, MD
Kyoto Katsura Hospital
Kyoto, JAPAN

Takeshi Kimura, MD
Kokura Memorial Hospital
Kitakyushu, JAPAN

Silvio Klugmann, MD
Niguarda Hospital
Milan, ITALY

Karl H. Kuck, MD
Hospital AK St. Georg
Hamburg, GERMANY

Michael J. Kutryk, MD
Thoraxcenter—Erasmus University
Rotterdam, THE NETHERLANDS

Jean-Marc Lablanche, MD
Hopital Cardiologique
Lille, FRANCE

Thierry Lefevre, MD
Institut Cardiovasculaire Paris Sud
Massy, FRANCE

Hugo Londero, MD
Instituto de Cardiología y Cirugía
Cardiovascular Fundación Favaloro
Buenos Aires, ARGENTINA

Carlos Macaya, MD
H. Clinico Universitario
Madrid, SPAIN

Lindsay S. Machan, BMSc, MD, FRCPC
Vancouver Hospital & Health Sciences
Center
Vancouver, BC, CANADA

Jean Marco, MD
Clinique Pasteur
Toulouse, FRANCE

Detlef G. Mathey, MD
Innere Medizin-Kardiologie
Hamburg, GERMANY

Klaus Mathias, MD
Radiologische Klinik
Dortmund, GERMANY

Bernhard Meier, MD
University Hospital
Bern, SWITZERLAND

Gilles Montalescot, MD, PhD
Hopital Pitie-Salpetriere
Paris, FRANCE

Marie-Claude Morice, MD
Institut Cardiovasculaire Paris Sud
Antony, FRANCE

Harald Mudra, MD
Chefarzt der II Med Abteilung
Munich, GERMANY

Franz-Josef Neumann, MD
Medizinische Klinik und Poliklinik der
Technischen Universität München
Munich, GERMANY

Masakiyo Nobuyoshi, MD
Kokura Memorial Hospital
Kitakyushu, JAPAN

Seung-Jung Park, MD, PhD
Asan Medical Center
Seoul, KOREA

Juan C. Parodi, MD
Instituto Cardiovascular de Buenos
Aires
Buenos Aires, ARGENTINA

Patrick J. Peeters, MD
Imelda Hospital
Bonheiden, BELGIUM

Ian Penn, MD
Vancouver General Hospital
Vancouver, BC, CANADA

Nico H.J. Pijls, MD, PhD
Catharina Hospital
Eindhoven, THE NETHERLANDS

Herbert W.M. Plokker, MD, PhD
*Antonijs Hospital
 'ieuwegein, THE NETHERLANDS*

Anthony F. Rickards, MBBS
*St. Brompton Hospital
 London, England, UNITED KINGDOM*

Alfredo Rodriguez, MD, PhD
*Insitatorio Otamendi
 Buenos Aires, ARGENTINA*

Uri Rosenschein, MD
*Sheva Medical Center
 Beer Sheva, ISRAEL*

Martin T. Rothman, MD
*London Chest Hospital
 London, England, UNITED KINGDOM*

Yasuteru Saito, MD
*Kanagawa General Hospital
 Yamaguchi City, JAPAN*

Mathew Samuel K., MD
*Madras Hospitals
 Madras, INDIA*

Otfried Schaper, MD
*Max-Planck-Institut
 Heidelberg, GERMANY*

Wolfgang Schofer, MD
*Klinikum Medizin-Kardiologie
 Hamburg, GERMANY*

Dieter Schomig, MD
*Deutsches Herzzentrum Muenchen der
 Technischen Universität München
 München, GERMANY*

Frank W. Serruys, MD, PhD
*Erasmus Center-Erasmus University
 Rotterdam, THE NETHERLANDS*

Rakesh Seth, MD
*Coronary Heart Institute and Research
 Centre
 New Delhi, INDIA*

Paul Shennib, MD
*Montreal General Hospital
 Montreal, Quebec, CANADA*

Richard Sigwart, MD
*St. Brompton Hospital
 London, England, UNITED KINGDOM*

Wolfgang Silber, MD
*Klinikum Hospital
 München, GERMANY*

Dieter Simon, MD
*Medizinische Univ. Klinik
 Köln, GERMANY*

Luiz M.R. Sousa, MD
*Instituto Dante Pazzanese of Cardiology
 São Paulo, BRAZIL*

Ioannis I. Stefanadis, MD
*Helenic Cardiology Society
 Athens, GREECE*

Thomas Stegmann, MD
*Klinikum Hospital
 Köln, GERMANY*

Pradyumn Suryapranata, MD
*Hospital De Weezenlanden
 Zwolle, THE NETHERLANDS*

Shinichi Suzuki, MD
*Shimizu Heart Center
 Shimizu, JAPAN*

Hideo Tamai, MD
*Shiga Medical Center for Adults
 Shiga, JAPAN*

Jean-Francois Tanguay, MD
*Montreal Heart Institute
 Montreal, Quebec, CANADA*

Jean-Claude Tardif, MD
*Montreal Heart Institute
 Montreal, Quebec, CANADA*

Jacques Theron, MD
*Centre Hospitalier Regional et
 Universitaire de Caen
 Caen, FRANCE*

Philip Urban, MD
*La Tour Hospital
 Geneva, SWITZERLAND*

Frans JJ Van de Werf, MD
*University Hospital
 Leuven, BELGIUM*

Vitali Verin, MD
*Hopitaux Universitaires de Geneve
 Geneva, SWITZERLAND*

Juergen vom Dahl, MD
*University Hospital Aachen
 Aachen, GERMANY*

Lars C. Wallentin, MD
*University Hospital
 Uppsala, SWEDEN*

Harvey D. White, DSc
*Green Lane Hospital
 Auckland, NEW ZEALAND*

Felix Zijlstra, MD
*Hospital De Weezenlanden
 Zwolle, THE NETHERLANDS*

U.S. FACULTY
 Keith B. Allen, MD
*St. Vincent Hospital
 Indianapolis, IN*

Gary M. Ansel, MD
*Mid-Ohio Cardiology Consultants, Inc.
 Columbus, OH*

Robert L. Ayres, PhD
*Nuclear Regulatory Commission
 Rockville, MD*

Steven R. Bailey, MD
*University of Texas Health Science
 Center at San Antonio
 San Antonio, TX*

Donald S. Baim, MD
*Beth Israel Deaconess Medical Center
 Boston, MA*

Theodore A. Bass, MD
*University of Florida Health Science
 Center
 Jacksonville, FL*

Gary J. Becker, MD
*Miami Cardiac and Vascular Institute
 Miami, FL*

Alex Berenstein, MD
*Beth Israel Medical Center
 New York, NY*

Peter B. Berger, MD
*Mayo Clinic
 Rochester, MN*

William E. Boden, MD
*Syracuse VA Medical Center
 Syracuse, NY*

Robert O. Bonow, MD
*Northwestern University
 Medical School
 Chicago, IL*

Gregory A. Braden, MD
*Wake Forest University School of
 Medicine
 Winston-Salem, NC*

Eugene Braunwald, MD
*Partners HealthCare System, Inc.
 Boston, MA*

Sorin Brener, MD
*The Cleveland Clinic Foundation
 Cleveland, OH*

Bruce R. Brodie, MD
*Moses Cone Hospital
 Greensboro, NC*

Maurice Buchbinder, MD
*Foundation for Cardiovascular Medicine
 San Diego, CA*

Mark W. Burket, MD
*Medical College of Ohio
 Toledo, OH*

Daniel Burkhoff, MD
*Columbia Presbyterian Medical Center
 New York, NY*

Robert Califf, MD
*Duke University Medical Center, Duke
 Clinical Research Center
 Durham, NC*

Andrew J. Carter, DO
*Stanford University Medical Center
 Stanford, CA*

Joseph Carver, MD
*U.S. Health Care
 Blue Bell, PA*

S. Ward Casscells, MD
*University of Texas-Houston and
 Hermann Hospital
 Houston, TX*

James H. Chesebro, MD
*Mount Sinai Medical Center
 New York, NY*

W. Randolph Chitwood, Jr., MD
*East Carolina University School of
 Medicine
 Greenville, NC*

Nicolas Chronos, MD
*Atlanta Cardiovascular Research
 Institute
 Atlanta, GA*

David J. Cohen, MD
*Beth Israel Deaconess Medical Center
 Boston, MA*

Howard A. Cohen, MD
*University of Pittsburgh
 Pittsburgh, PA*

Marc Cohen, MD
*MCP Hahnemann University
 Philadelphia, PA*

Michael B. Collins, MD
*Lenox Hill Heart and Vascular Institute
 New York, NY*

Mark W. Connolly, MD
*Lenox Hill Heart and Vascular Institute
 New York, NY*

John J. Connors III, MD
*INOVA Fairfax Hospital
 Falls Church, VA*

Denton Cooley, MD
*Texas Heart Institute
 Houston, TX*

Vicki J. Coombs, RN, MS, CCRN
*Johns Hopkins University School of
 Medicine
 Baltimore, MD*

Christopher J. Cooper, MD
*Medical College of Ohio
 Toledo, OH*

Delos M. Cosgrove, MD
*The Cleveland Clinic Foundation
 Cleveland, OH*

Michael J. Cowley, MD
*Medical College of Virginia
 Richmond, VA*

David A. Cox, MD
*Mid Carolina Cardiology
 Charlotte, NC*

Frank J. Criado, MD
*Union Memorial Hospital/MedStar
 Health
 Baltimore, MD*

Ronald Crystal, MD
*New York Hospital-Cornell Medical
 Center
 New York, NY*

George D. Dangas, MD
*Lenox Hill Heart and Vascular Institute
 New York, NY*

Charles J. Davidson, MD
*Northwestern University Medical School
 Chicago, IL*

Larry S. Dean, MD
*University of Alabama at Birmingham
 Birmingham, AL*

Edward B. Diethrich, MD
*Arizona Heart Institute
 Phoenix, AZ*

Daniel J. Diver, MD
*Georgetown University Medical Center
 Washington, DC*

Gerald Dorros, MD
*Arizona Heart Institute Foundation
 Phoenix, AZ*

John S. Douglas, Jr., MD
*Emory University School of Medicine
 Atlanta, GA*

Elazer R. Edelman, MD, PhD
*Harvard-MIT Biomedical Engineering
 Center
 Cambridge, MA*

Neal L. Eigler, MD
*Cedars-Sinai Medical Center
 Los Angeles, CA*

Stephen G. Ellis, MD
*The Cleveland Clinic Foundation
 Cleveland, OH*

Stephen E. Epstein, MD
Cardiovascular Research Institute
Washington, DC

Andrew Farb, MD
Armed Forces Institute of Pathology
Washington, DC

Michael E. Farkouh, MD
Mount Sinai Medical Center
New York, NY

David P. Faxon, MD
University of Southern California School
of Medicine
Los Angeles, CA

Ted Feldman, MD
University of Chicago Hospitals
Chicago, IL

James J. Ferguson III, MD
Texas Heart Institute
Houston, TX

Tim A. Fischell, MD
Heart Institute at Borgess Medical
Center
Kalamazoo, MI

Peter J. Fitzgerald, MD, PhD
Stanford University Medical Center
Stanford, CA

Thomas J. Fogarty, MD
Stanford University Medical Center
Stanford, CA

Mark S. Freed, MD
William Beaumont Hospital
Royal Oak, MI

Shmuel Fuchs, MD
Cardiovascular Research Institute
Washington, DC

Valentin Fuster, MD, PhD
Mount Sinai Medical Center
New York, NY

Kirk N. Garratt, MD
Mayo Clinic
Rochester, MN

Barry S. George, MD
Mid-Ohio Cardiology Consultants, Inc.
Columbus, OH

Bernard J. Gersh, MD, ChB, DPhil
Mayo Clinic
Rochester, MN

Gary Gershony, MD
John Muir Medical Center
Alamo, CA

C. Michael Gibson, MS, MD
UCSF
San Francisco, CA

Sheldon Goldberg, MD
Cooper Medical Center
Camden, NJ

William A. Gray, MD
Swedish Cardiovascular Research
Seattle, WA

Cindy L. Grines, MD
William Beaumont Hospital
Royal Oak, MI

Lee Guterman, PhD, MD
State University of New York at Buffalo
Buffalo, NY

Robert A. Harrington, MD
Duke University Medical Center
Durham, NC

Timothy D. Henry, MD
Hennepin County Medical Center
Minneapolis, MN

James B. Hermiller, Jr., MD
Indiana Heart Institute
Indianapolis, IN

Richard R. Heuser, MD
St. Luke's Medical Center
Phoenix, AZ

Randall Higashida, MD
University of California—San Francisco
San Francisco, CA

Tomoaki Hinohara, MD
Sequoia Hospital
Redwood City, CA

Robert Hobson II, MD
UMDNJ—New Jersey Medical School
Newark, NJ

Judith S. Hochman, MD
St. Luke's—Roosevelt Hospital Center &
Columbia University
New York, NY

John McB. Hodgson, MD
MetroHealth Medical Center
Cleveland, OH

David R. Holmes, Jr., MD
Mayo Clinic
Rochester, MN

Mun K. Hong, MD
Cornell—New York Presbyterian Hospital
New York, NY

L. Nelson Hopkins, MD
State University of New York at Buffalo
Buffalo, NY

Jeffrey Isner, MD
St. Elizabeth's Medical Center
Boston, MA

Sriram S. Iyer, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Alice K. Jacobs, MD
Boston University Medical Center
Boston, MA

Michael R. Jaff, DO
Cardiovascular Research Institute
Washington, DC

Shirish Jani, PhD
Scripps Clinic & Research Foundation
La Jolla, CA

James D. Joye, DO
El Camino Hospital
Mountain View, CA

Birgit Kantor, MD
Mayo Clinic
Rochester, MN

Barry T. Katzen, MD
Miami Cardiac and Vascular Institute
Miami, FL

Dean Kereiakes, MD
The Lindner Center at The Christ
Hospital
Cincinnati, OH

Morton J. Kern, MD
St. Louis University Hospital
St. Louis, MO

R. Stefan Kiesz, MD
University of Texas Health Science
Center at San Antonio
San Antonio, TX

Spencer B. King, III, MD
Emory University School of Medicine
Atlanta, GA

Nicholas Kipshidze, MD, PhD
Lenox Hill Hospital
New York, NY

Neal S. Kleiman, MD
The Methodist Hospital—Houston
Houston, TX

William Knopf, MD
St. Joseph's Hospital
Atlanta, GA

Stephen Kopecky, MD
Mayo Clinic
Rochester, MN

Ran Kornowski, MD
Cardiovascular Research Institute
Washington, DC

Richard E. Kuntz, MD
Brigham & Women's Hospital
Boston, MA

Roger J. Laham, MD
Beth Israel Deaconess Medical
Center/Harvard Medical School
Boston, MA

Alexandra J. Lansky, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Charles R. Lambert, MD, PhD
Health First Heart Institute
Melbourne, FL

John M. Lasala, MD, PhD
Washington University School of
Medicine
St. Louis, MO

Warren K. Laskey, MD
University of Maryland Medical Center
Baltimore, MD

Daisy F. Lazarous, MD
Johns Hopkins University School of
Medicine
Baltimore, MD

Jeffrey M. Leiden, MD, PhD
Harvard School of Public Health/Harvard
Medical School
Boston, MA

Martin B. Leon, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Norm E. Lepor, MD
Cedars Sinai Hospital
Los Angeles, CA

Peter Libby, MD
Brigham & Women's Hospital
Boston, MA

A. Michael Lincoff, MD
The Cleveland Clinic Foundation
Cleveland, OH

Thomas J. Linnemeier, MD
Indiana Heart Institute
Indianapolis, IN

Frank Litvack, MD
Cedars-Sinai Medical Center
Los Angeles, CA

James E. Lock, MD
Children's Hospital Medical Center
Boston, MA

Douglas Losordo, MD
St. Elizabeth's Medical Center
Boston, MA

Bruce W. Lytle, MD
The Cleveland Clinic Foundation
Cleveland, OH

Michael Mack, MD
Columbia Hospital at Medical City
Dallas, TX

Tom Maloney, MHA, RCIS
Memorial Regional Medical Center
Mechanicsville, VA

J. Tift Mann III, MD
Wake Heart Associates
Raleigh, NC

Keith March, MD, PhD
Kranert Institute of Cardiology
Indianapolis, IN

James R. Margolis, MD
Miami Heart Institute
Miami Beach, FL

Michael L. Marin, MD
Mount Sinai Medical Center
New York, NY

Roxana Mehran, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Gary S. Mintz, MD
Cardiovascular Research Institute
Washington, DC

David J. Moliterno, MD
The Cleveland Clinic Foundation
Cleveland, OH

Michael Mooney, MD
Minneapolis Heart Institute
Minneapolis, MN

Jeffrey W. Moses, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Amir Motarjeme, MD
Midwest Vascular Institute of Illinois
Downers Grove, IL

Issam Moussa, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Christopher M. Nelson, RN, RCIS, FSCIP
Sentara Southside Hospitals
Norfolk, VA

Dattatreya Nuri, MD
New York Hospital—Cornell Medical
Center
New York, NY

William W. O'Neill, MD
William Beaumont Hospital
Royal Oak, MI

Stephen Oesterle, MD
Massachusetts General Hospital
Boston, MA

Leo Ohki, MD
Montefiore Medical Center
New York, NY

Ignacio Ohman, MD
Wake University Medical Center
Durham, NC

Al Overille, MD
Pennant Medical Center
Houston, TX

Walter L. Packer, MD
Mary's Hospital
Minneapolis, MN

Robert Palacios, MD
Massachusetts General Hospital
Boston, MA

John C. Palmaz, MD
University of Texas Health Science
Center at San Antonio
San Antonio, TX

Michael Parks, MD
Vincent's Hospital
Birmingham, AL

Henry R. Phillips, MD
Wake University Medical Center
Durham, NC

William Pitt, MD
University of Michigan
Ann Arbor, MI

Frederic J. Popma, MD
Brigham & Women's Hospital
Boston, MA

Richard A. Quyyumi, MD
National Institutes of Health
Bethesda, MD

Robert E. Raizner, MD
Methodist Hospital—Houston
Houston, TX

Stephen R. Ramee, MD
Raizner Clinic
New Orleans, LA

Mark Reisman, MD
Jewish Medical Center
Seattle, WA

Robert D.K. Rogers, MD
Brigham & Women's Hospital
Boston, MA

John H. Rosenfield, MD
Elizabeth's Medical Center
Boston, MA

John S. Roubin, MD, PhD
Lenox Hill Heart and Vascular Institute
New York, NY

Carlos E. Ruiz, MD, PhD
Children's Hospital
Chicago, IL

Robert Russo, MD, PhD
Scripps Clinic & Research Foundation
La Jolla, CA

John D. Rutherford, MD
Vascular Consultants, PC
Dallas City, MO

Robert D. Safian, MD
William Beaumont Hospital
Royal Oak, MI

Jorge Saucedo, MD
University of Arkansas for Medical
Sciences and John L. McClellan Memorial
Veterans' Hospital
Little Rock, AR

Michael Savage, MD
Thomas Jefferson Medical Center
Philadelphia, PA

Richard Schatz, MD
Scripps Clinic & Research Foundation
La Jolla, CA

Donald Schwarten, MD
St. Vincent Hospital
Indianapolis, IN

Robert Schwartz, MD
Mayo Clinic
Rochester, MN

Neal Scott, MD, PhD
Emory University School of Medicine
Atlanta, GA

Jerome Segal, MD
The George Washington University
Washington, DC

Matthew R. Selmon, MD
Cardiovascular Medicine & Coronary
Intervention
Redwood City, CA

Samin Sharma, MD
Mount Sinai Medical Center
New York, NY

Fayaz Shawi, MD
Washington Adventist Hospital
Takoma Park, MD

Thomas Shimshak, MD
The Ohio Heart Health Center
Cincinnati, OH

Daniel I. Simon, MD
Brigham & Women's Hospital
Boston, MA

Michael Simons, MD
Beth Israel Deaconess Medical Center
Boston, MA

Charles Simonton, MD
Carolinas Heart Institute
Charlotte, NC

Marvin Slepian, MD
The University of Arizona Health
Sciences Center
Tucson, AZ

Christopher Sloan
U.S. Food and Drug Administration
Rockville, MD

Richard Smalling, MD
University of Texas Medical School—
Houston
Houston, TX

Sidney Smith, MD
University of North Carolina—
Chapel Hill
Chapel Hill, NC

William Spencer, MD
Baylor College of Medicine
Houston, TX

Richard S. Stack, MD
Duke University Medical Center
Durham, NC

Steven R. Steinhubl, MD
Wilford Hall Air Force Medical Center
Lockland Air Force Base, TX

Simon Stertz, MD
Stanford University Medical Center
Stanford, CA

Gregg W. Stone, MD
Lenox Hill Heart and Vascular Institute
New York, NY

John E. Stuhlmiller, MD
US Food and Drug Administration
Rockville, MD

Valavanur A. Subramanian, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Doris A. Taylor, PhD
Duke University Medical Center
Durham, NC

James Tcheng, MD
Duke University Medical Center
Durham, NC

Paul S. Teirstein, MD
Scripps Clinic & Research Foundation
La Jolla, CA

Doug Throckmorton, MD
US Food and Drug Administration
Rockville, MD

Jonathan M. Tobis, MD
University of California—Los Angeles
Medical Center
Los Angeles, CA

E. Murat Tuzcu, MD
The Cleveland Clinic Foundation
Cleveland, OH

Ellis Unger, MD
U.S. Food and Drug Administration
Rockville, MD

Frank J. Veith, MD
Montefiore Medical Center
Bronx, NY

George Vetrovec, MD
Medical College of Virginia
Richmond, VA

James Vetter, MD
Sequoia Hospital
Redwood City, CA

Renu Virmani, MD
Armed Forces Institute of Pathology
Washington, DC

Jiri J. Vitek, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Ron Waksman, MD
Cardiovascular Research Institute
Washington, DC

Douglas W. Weaver, MD
Henry Ford Hospital
Detroit, MI

Judah Weinberger, MD, PhD
Columbia Presbyterian Medical Center
New York, NY

Bonnie H. Weiner, MD
University of Massachusetts Medical
Center
Worcester, MA

Neil J. Weissman, MD
Cardiovascular Research Institute
Washington, DC

Thomas P. Wharton, Jr., MD
Exeter Hospital
Exeter, NH

Christopher J. White, MD
Ochsner Clinic
New Orleans, LA

Rodney White, MD
Harbor—UCLA Medical Center
Torrance, CA

Harvey J. White, Jr., MD
Southwest Cardiology Associates
Albuquerque, NM

James S. Whiting, PhD
Cedars-Sinai Medical Center
Los Angeles, CA

Patrick L. Whitlow, MD
The Cleveland Clinic Foundation
Cleveland, OH

Mark Wholey, MD
Pittsburgh Vascular Institute
Pittsburgh, PA

James T. Willerson, MD
University of Texas Medical School—
Houston
Houston, TX

David O. Williams, MD
Rhode Island Hospital
Providence, RI

Steven D. Wolff, MD, PhD
Integrated Cardiovascular Therapeutics
Woodbury, NY

S. Chiu Wong, MD
New York Hospital Medical Center of
Queens
Flushing, NY

Jay S. Yadav, MD
The Cleveland Clinic Foundation
Cleveland, OH

Alan C. Yeung, MD
Stanford University Medical Center
Stanford, CA

Paul Yock, MD
Stanford University Medical Center
Stanford, CA

Andrew Zalewski, MD
Thomas Jefferson Medical Center
Philadelphia, PA

Christopher K. Zarins, MD
Stanford University Medical Center
Stanford, CA

James P. Zidar, MD
Duke University Medical Center
Durham, NC

Bram Zuckerman, MD
U.S. Food and Drug Administration
Rockville, MD

TCT 2000 Tours

DATE day month year

Please print all information requested. Incomplete information may result in the voiding of this registration form.

LAST NAME (FAMILY NAME) FIRST NAME (GIVEN NAME) MIDDLE INITIAL

ADDRESS STREET ADDRESS IS: ☐ HOME ☐ OFFICE SUITE/APT

CITY STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

DAYTIME TELEPHONE (COUNTRY CODE/CITY CODE/NUMBER) FAX: (COUNTRY CODE/CITY CODE/NUMBER)

EMAIL

If children will be attending tour, list ages of each child

TOUR #1

Wednesday, October 18
7:30 pm - 10:30 pm

Magnificent Monuments by Moonlight Champagne Tour

Enjoy a "Monuments by Moonlight" tour of the capital city. This evening's tour is even more spectacular as each bus will have a waiter on board serving champagne and butlered miniature desserts. You will enjoy a driving tour that will include the U.S. Capitol, Supreme Court, Library of Congress, White House, Smithsonian Museums, Washington Monument and many other historical landmarks. Special stops will be made at the Lincoln and Vietnam War Veterans Memorials and the fabulous Kennedy Center for the Performing Arts.

Cost per person: \$38.00

TOUR #2

Thursday, October 19
10:00 am - 3:30 pm

Art Treasures of Washington

Visit the Kreeger Museum designed by Phillip Johnson. It showcases the art collection of Carmen and the late David Kreeger. 19th and 20th century painting and sculpture, as well as traditional African, Indian and Pre-Columbian art. After the 90 minute guided tour, you will board the bus and be taken to the Phillips Collection, America's first museum of modern art which features Renoir's Luncheon of the Boating Party and works by Cezanne, Bonnard, Braque, Daumier, Dave El Greco, Manet, Matisse, O'Keeffe and Picasso. You will have an opportunity to visit the cafe and enjoy lunch on your own.

Please note, children under 12 are not permitted to take this tour.

Cost per person: \$40.00

TOUR #3

Friday, October 20
9:00 am - 2:30 pm

Shopping at Sak's

You will be the personal guest of prestigious Saks Fifth Avenue located in the fashionable area of Tyson's Corner. You will begin the morning "before store hours" with a continental breakfast and a fashion seminar, The Best of Fall 2000. The staff will share updates on the latest fashion trends. You will also be treated to a special gift bag filled with goodies and the visit will conclude with a cosmetic demonstration. You will also have the opportunity to visit the other stores at Tyson's II. A sampling of stores in this high-end mall include Neiman Marcus, Williams Sonoma, FAO Schwarz and many more fine shopping establishments.

Cost per person: \$48.00

Indicate the tour(s) you would like to attend and fill in the appropriate blanks:

TOUR #1

Wednesday, October 18, 2000
7:30 pm - 10:30 pm

Magnificent Monuments by Moonlight Champagne Tour

Number of ticket(s) @ \$38.00 for a total of

TOUR #2

Thursday, October 19, 2000
10:00 am - 3:30 pm

Art Treasures of Washington

Number of ticket(s) @ \$40.00 for a total of

TOUR #3

Friday, October 20, 2000
9:00 am - 2:30 pm

Shopping at Sak's

Number of ticket(s) @ \$48.00 for a total of

Add a one-time handling fee of \$5.00

\$5.00

TOTAL \$

Checks should be made payable to:
Barbara Boggs Associates Inc. and mailed to Barbara Boggs Associates Inc. ATTN: TCT, 1726 M Street, NW, Suite 200, Washington, DC 20036

Credit Card Information:

☐ Credit Card: ☐ Discover ☐ Visa

Please indicate card type: ☐ Personal Card ☐ Corporate Card

CARD NUMBER EXP. DATE month year

Cardholder Signature

Name of Cardholder (Please print)

Deadline for tour preregistration is September 15, 2000. Forms and payments must be received by this date. You may pick up your tour tickets from the tour desk located at the Washington Convention Center. There will be on-site registration; however, there is no guarantee that tickets will still be available. Tickets are available on a first-come, first-served basis and tours may be sold out even if you have mailed in your tour registration form by the above deadline. A minimum/maximum number of registrants is required to conduct each tour. If the minimum has not been met or the maximum has been exceeded, you will be given a full refund at the tour desk. With the exception of cancelled tours, no refunds will be given. No cash please. Full payment is due with your registration in U.S. funds. For additional information please phone Barbara Boggs Associates at 202-872-0393.

Call for TCT 2000 Abstracts



Transcatheter Cardiovascular Therapeutics Scientific Sessions Society for Cardiac Angiography and Interventions

Abstracts are a useful format for sharing new information on topics in interventional cardiology—in particular, the early stages of developmental investigation—to stimulate the important exchange of ideas. Abstracts should address some area of interventional cardiology or endovascular disease (clinical studies, basic investigation, and animal studies are equally encouraged) and constitute original research, but the content may include portions of prior abstracts and/or manuscripts submitted or presented elsewhere. Please adhere to the following preparation instructions.

ABSTRACT FORM PREPARATION

1. The abstract must be contained in the space provided and use a type size no smaller than 10 point, and not to exceed 350 words.
2. **Title:** Boldface and initial cap.
3. **Authors:** Initials of authors (no first names) and surname, no degrees.
4. **Affiliations:** List affiliations of all authors. If more than one, link affiliation with superscript ¹ numbers (not symbols). Spell out states and provinces and include country.
5. Leave a blank line after author(s)/institution(s) and before abstract text.
6. **Abstract:** Structured with boldface headings (**Background:** or **Purpose:**; **Methods:**; **Results:**; and **Conclusion:**)
7. **Numbers:** Only spell out numbers at beginning of sentences. Use zeros before decimal points. Use decimal points and not commas: 0.05, not 0,05.
8. **Symbols:** Use >, <, % symbols throughout. Lowercase roman "p" values. ($p < 0.5$).
9. **Tables:** Boldface table headers. Use 3 rules only on tables: top, below header, and bottom. Use superscript symbols in table footnotes (*, †, ‡, §, ¶). Includes tables in text, do not submit tables as camera-ready art.
10. **Figures:** Submit 2 hard copy camera-ready prints (or original computer laser printouts) of figures (black and white only). Minimum size for art is 5 x 7 inches.
11. **Computer Disk:** Submit computer disk labeled with software used (MSWord, WordPerfect, etc), title of abstract, and name of first author. Submit 2 hard copy printouts with contact information of person preparing the abstract.

ABSTRACT SELECTION AND PRESENTATION

1. Abstracts must be received by July 14, 2000 and will be reviewed by the Society for Cardiac Angiography and Interventions and TCT Faculty. Results will be forwarded to the corresponding author by August 20, 2000.
2. A second "late" abstract deadline of September 1, 2000 is also available for important late emerging studies. The acceptance rate will be lower for these submissions. Notification will be given by September 15, 2000.
3. Accepted oral abstracts will be presented (10 minutes) at TCT 2000 on September 18, 1999. Posters will be presented on Thursday and Friday, September 19 and 20, 2000.
A reduced registration fee for TCT 2000 will be extended to the presenting author for each accepted abstract. (50% registration fee for full staff physicians; tuition will be waived for fellows and nurses).
4. Abstracts accepted for presentation will be published and distributed in print and electronic formats.

MAILING INSTRUCTIONS

1. Abstract packet should include the following: original abstract (unfolded), a printed copy of the computer file, and the disk.
2. Mail abstract and above enclosures by first class or overnight service within the United States and by express service from all other countries to:

Jodi Golin—TCT 2000 Abstract Coordinator
Cardiovascular Research Foundation
55 East 59th Street, 6th Floor
New York, NY, 10022
3. Multiple abstract packets may be mailed in one package; only one abstract per disk.
4. Abstracts will not be accepted by facsimile.
5. For questions regarding abstracts only or to request additional abstract forms call Jodi Golin at 212-434-6383.

Call for TCT 2000 Abstracts



Transcatheter Cardiovascular Therapeutics Scientific Sessions
Society for Cardiac Angiography and Interventions
October 17 - 22, 2000, Washington Convention Center, Washington, DC

1. CORRESPONDING AUTHOR

First Name _____ Middle Initial _____

Last/Family Name _____ Degrees _____

Institution _____

Street Address _____

City _____ State _____ Postal Code _____

Country _____

Telephone (country code/city code) _____

FAX (country code/city code) _____

E-mail address _____

2. PREFERRED PRESENTATION FORM

- ☐ Oral
- ☐ Poster
- ☐ Nursing Abstract Sessions

3. ABSTRACT CATEGORIES (Choose one)

- ☐ Coronary Intervention (nonstent)
- ☐ Coronary Stents
- ☐ Percutaneous Myocardial Revascularization
- ☐ Angiogenesis
- ☐ Pharmacology
(including IIB/IIa inhibitors and local drug delivery)
- ☐ Acute Myocardial Infarction
- ☐ Acute Coronary Syndromes
- ☐ Neurovascular Disease (including carotid stents)
- ☐ Extracardiac Disease (excluding neurovascular)
- ☐ Radiation Vascular Therapy
- ☐ Alternative Imaging
(IVUS, angiography, physiologic lesion assessment)
- ☐ Cardiovascular and Cardiothoracic Surgery
- ☐ Women's Healthcare Issues
- ☐ Miscellaneous

4. SUBMITTING AUTHOR'S SIGNATURE

REQUIRED _____

ABSTRACT DEADLINE: FRIDAY, JULY 14, 2000

Late deadline: September 1, 2000

(Reduced acceptance rate: see instructions on page 29)

Abstract preparation instructions on reverse side

TCT 2000 Registration

Registration is limited; please register early. To register, fill out registration form, and send along with VISA, MASTERCARD, or AMERICAN EXPRESS number and expiration date, or check made payable to "TCT 2000." Mail or fax registration form to the address listed above.
Please do not mail if previously faxed.

EASE TYPE OR PRINT CLEARLY.

Mail or fax registration form to:

TCT 2000
 c/o Laser Registration
 1200 "G" Street, NW, Suite 800
 Washington, DC 20005-3967
 Toll Free 877-695-5498 (U.S. & Canada)
 International 514-847-2293
 Fax 514-289-9844
 Email TCT@LaserReg.com

Registrations by telephone will not be accepted.

1. REGISTRATION AND BADGE INFORMATION

_____ LAST NAME (FAMILY NAME)		_____ FIRST NAME (GIVEN NAME)		_____ MIDDLE INITIAL
_____ CKNAME (TO APPEAR ON BADGE)				
MD <input type="checkbox"/> PhD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> Other _____	_____ HOSPITAL/COMPANY/ORGANIZATION			
_____ ADDRESS	_____ STREET	_____ ADDRESS IS: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE		_____ SUITE/APT
_____ CITY	_____ STATE/PROVINCE	_____ COUNTRY	_____ ZIP/POSTAL CODE	
_____ DAYTIME TELEPHONE (COUNTRY CODE/CITY CODE/NUMBER) FAX: (COUNTRY CODE/CITY CODE/NUMBER)				
_____ E-MAIL				

SPECIALTY: (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> (A) Interventional Cardiologist | <input type="checkbox"/> (G) Interventional Radiologist | <input type="checkbox"/> (M) Cardiothoracic Surgeon |
| <input type="checkbox"/> (B) Clinical Cardiologist | <input type="checkbox"/> (H) Pharmacologist | <input type="checkbox"/> (N) Radiation Physicist |
| <input type="checkbox"/> (C) Radiobiologist | <input type="checkbox"/> (I) Neuroradiologist | <input type="checkbox"/> (O) Vascular or Molecular Biologist |
| <input type="checkbox"/> (D) Vascular Surgeon | <input type="checkbox"/> (J) Radiation Oncologist | <input type="checkbox"/> (P) Fellow—Specialty: _____ |
| <input type="checkbox"/> (E) Technician | <input type="checkbox"/> (K) Nurse | <input type="checkbox"/> (Q) Other: _____ |
| <input type="checkbox"/> (F) Physiologist | <input type="checkbox"/> (L) Industry Professional | |

2. TCT REGISTRATION

Space is limited and filled on a first-come, first-served basis. If you are planning to attend TCT 2000 in its entirety, one minicourse is included in the registration fee. If registering for the Self-Assessment Course, please complete Option B only.

PHYSICIAN/FELLOW

OPTION A. TCT and one Minicourse. (Minicourses are listed below).

	BEFORE JUNE 1	AFTER JUNE 1
1) <input type="checkbox"/> Physician	\$1,000 _____	\$1,100 _____
2) <input type="checkbox"/> Fellow*	\$500 _____	\$500 _____

TCT MINICOURSES (Choose only one.)

- (1M) ☐ Harmonizing Mechanical and Pharmacologic Approaches to Acute Ischemic Syndromes
 (2M) ☐ The Molecular Cardiology Symposium: Principles, Targets, and Therapeutic Interventions
 (3M) ☐ Radiation Vascular Therapy for the Interventionalist
 (4M) ☐ Peripheral Vascular Intervention: From Diagnosis to Intervention
 (5M) ☐ Advanced Endovascular Therapies: Carotid Stent-Supported Angioplasty (CSSA) and Endoluminal Aortic Aneurysm Stent-Grafts
 (6M) ☐ The Imaging Symposium: From Morphologic Characterization to Physiologic Lesion Assessment

OPTION B. Self-Assessment and TCT

	BEFORE JUNE 1	AFTER JUNE 1
1F) <input type="checkbox"/> Self-Assessment Only (Fellow*)	\$500 _____	\$500 _____
2F) <input type="checkbox"/> Self-Assessment Only (Physician)	\$1,000 _____	\$1,000 _____
3F) <input type="checkbox"/> Self-Assessment and TCT (Physician) (10/17 - 10/22)	\$1,350 _____	\$1,350 _____
SF) <input type="checkbox"/> Self-Assessment and TCT (Fellow*) (10/17 - 10/22)	\$750 _____	\$750 _____

Documentation from your program director is required to qualify for the reduced fee.

TOTAL \$ _____

TCT 2000 Registration

PLEASE TYPE OR PRINT CLEARLY.

LAST NAME (FAMILY NAME)

FIRST NAME (GIVEN NAME)

MIDDLE INITIAL

2. TCT REGISTRATION continued

TOTAL FROM SIDE ONE \$ _____

NURSE/TECHNOLOGIST

BEFORE JUNE 1

AFTER JUNE 1

- (S) ☐ Nurse/Technologist (NURSE/TECH SYMPOSIUM ONLY) (10/18) \$150 _____ \$150 _____
(T) ☐ Nurse/Technologist (NURSE/TECH SYMPOSIUM AND TCT) (10/18 - 10/21) \$500 _____ \$500 _____
(N) ☐ Nurse/Technologist (TCT ONLY) (10/19 - 10/21) \$400 _____ \$400 _____

INDUSTRY

- (I) ☐ Industry Professional \$1,100 _____ \$1,100 _____
(E1) ☐ Exhibit Hall (ONLY) (If exhibiting at TCT) \$200 _____ \$200 _____
(E2) ☐ Exhibit Hall (ONLY) (If not exhibiting at TCT) \$400 _____ \$400 _____

3. TCT 2000 HOW-TO OPERATOR WORKSHOPS

(Sunday, 8am - 12 noon) (CHOOSE ONLY ONE)

All workshops \$150

- (1W) ☐ Starting a Radiation Vascular Therapy Program \$ _____
(2W) ☐ Starting a Peripheral Vascular Intervention Program \$ _____
(3W) ☐ Technique and Approach of Transradial Angiography and Intervention \$ _____
(4W) ☐ Advanced Stent Techniques: How to "Choose and Use" the Right Stent \$ _____
(5W) ☐ IVUS, Doppler, FloWire, and Pressure Wire Interpretation Workshop: A Practical User's Guide \$ _____
(6W) ☐ Carotid Stent Training: Preparing for the Future \$ _____
(7W) ☐ Direct Myocardial and Revascularization and Electromechanical Mapping Techniques \$ _____
(8W) ☐ Non-Surgical Septal Ablation Techniques for Obstructive Hypertrophic Cardiomyopathy \$ _____
(9W) ☐ How to Effectively Incorporate Rotational Atherectomy into a Day-to-Day Practice \$ _____
(10W) ☐ Distal Embolic Protection Devices: Improving Safety and Expanding Clinical Applications \$ _____

4. TCT PAYMENT METHOD

(All preregistrations paid with a business or personal check must be received by Friday, October 6, 2000 in order to avoid unnecessary delays at the preregistration counters.)

- ☐ Wire Transfer (Please contact Laser Registration for account information.)
☐ Check Enclosed (Please make payable to "CRF TCT 2000")
☐ Credit Card: ☐ American Express ☐ Visa ☐ Master Card

Please indicate card type: ☐ Personal Card ☐ Corporate Card

CARD NUMBER

EXP. DATE month year

TODAY'S DATE day month year

Cardholder Signature _____ Name of Cardholder (Please print) _____

Your signature authorizes your credit card to be charged for the Total Payment above. The Cardiovascular Research Foundation reserves the right to charge the correct amount if different from the total listed above.

☐ To assist us in planning for appropriate resources, please indicate whether you have a disability or require special services. Attach a written description of your needs.

TOTAL \$ _____

Ref:




This form must be completed in full before any room requests will be processed.
This form MUST be received no later than Friday September 15, 2000

- Rooms will be made available only to those delegates registered for the TCT 2000 Conference. Any room requests for unregistered delegates will not be processed.
- All room requests require a deposit of \$175.00 USD per room. The Housing Bureau will not process a request without a deposit. All deposits must be submitted to the Housing Bureau in either of two ways:
 - a. Credit Card: Your credit card will be charged by your booked hotel 7 days prior to your arrival. This deposit will be non-refundable.
 - b. Check: Payment must be made out to Laser Registration—Housing and Travel Services.
- All changes and cancellations prior to September 15th, 2000 must be referred in writing to the Housing Bureau.
- Any changes after that date must be made directly with the hotel.
- You will receive an e-mail confirming your accommodations no later than September 15th, 2000. If you do not have e-mail access you will receive a facsimile transmission instead.
- Confirmations will not be given over the telephone ●

(YOU MUST REGISTER TO THIS MEETING BEFORE MAKING A ROOM REQUEST)

Last Name _____ First Name _____ Middle Initial _____
 Company/Institution _____
 Telephone (day): Country code/city code/number _____ Fax: Country code/city code/number; a fax number is MANDATORY _____
 E-mail _____

D. HOTEL CHOICE (Provide hotel selections in rank order)

Arrival:	<div style="border-bottom: 1px solid black; width: 60px;"></div>	Oct. 2000	Departure:	<div style="border-bottom: 1px solid black; width: 60px;"></div>	Oct. 2000
<input type="checkbox"/> Smoking	<div style="border-left: 1px solid black; height: 100px; margin-top: -10px;"></div>	<input type="checkbox"/>		Single	
		<input type="checkbox"/>		Double - One Bed	
<input type="checkbox"/> Non-Smoking		<input type="checkbox"/>		Double - Two Beds	
		<input type="checkbox"/>	Suite (Based upon hotel availability)		

1: _____

2: _____

3: _____

4: _____

5: _____

☐ Check ☐ MasterCard ☐ American Express ☐ Visa

Card number _____

Exp. Date

--	--	--	--

Name of Cardholder (please print)

Cardholder Signature (required, authorizing charge and acknowledging
quarantee policy; see above)

Please be sure to complete all four sections of this form before submitting to the Housing Bureau.
The Housing Bureau will not process any incomplete forms.

✉ **Mail or Fax Registration and Housing Form to:**

TCT 2000 Registrar, c/o Laser Registration
1200 G Street NW, Suite 800
Washington, DC 20005-3967
Phone 877-695-5498, 514-847-2976 (Int'l)
Fax 514-289-9844 (Int'l)
E-mail TCT@LaserReq.com

If faxing, please do not mail.

Visit the TCT 2000 Website Today!

www.tctonline.com

To personalize your TCT 2000 experience,

please bookmark our website

to obtain the most current information.

We will keep you informed with updates

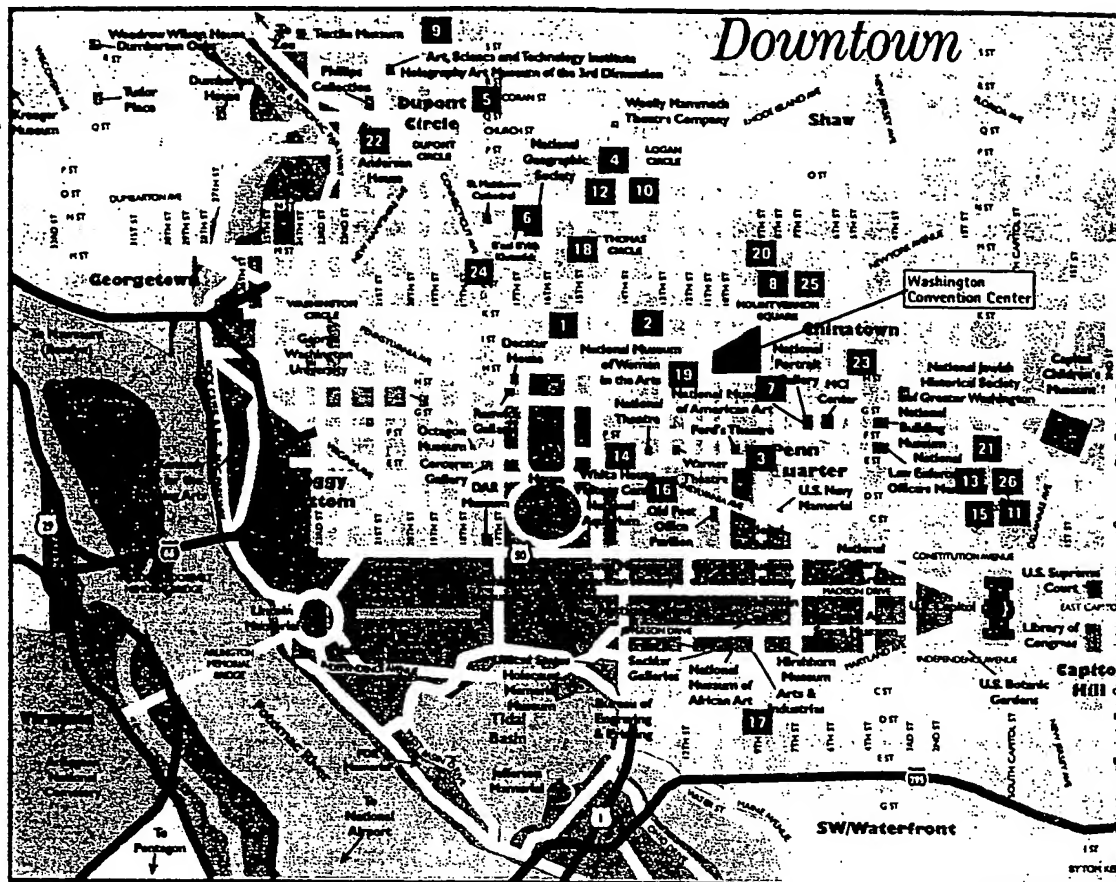
on faculty, program, registration,

housing information, agenda,

and much more!

TCT 2000 Attendee Housing Map

Transcatheter Cardiovascular Therapeutics (TCT 2000)
October 17 - 22, 2000 • Washington, DC



MAP #	HOTEL	SINGLE	DOUBLE
1.	Capital Hilton	\$200.00	\$220.00
2.	Crowne Plaza, Washington, DC	\$195.00	\$195.00
3.*	Courtyard by Marriott Convention Center	\$199.00	\$199.00
4.	Doubletree Park Terrace on Embassy Row	\$172.00	\$192.00
5.	Doyle Washington Hotel	\$179.00	\$179.00
6.	Governor's House Hotel	\$153.00	\$153.00
7.*	Grand Hyatt Washington	\$198.00	\$213.00
8.*	Henley Park Hotel	\$185.00	\$205.00
9.	Hilton Washington & Towers	\$200.00	\$220.00
10.	Holiday Inn Central Washington, DC	\$140.00	\$140.00
11.	Holiday Inn on the Hill	\$179.00	\$199.00
12.	Holiday Inn Washington Downtown	\$139.00	\$139.00
13.	Hotel George	\$199.00	\$199.00
14.	Hotel Washington	\$185.00	\$185.00
15.	Hyatt Regency Washington on Capitol Hill	\$199.00	\$229.00
16.	J.W. Marriott	\$192.00	\$202.00
17.	Loews L'Enfant Plaza Hotel	\$200.00	\$210.00
18.	The Madison	\$180.00	\$180.00
19.*	Marriott at Metro Center	\$188.00	\$188.00
20.*	Morrison-Clark Inn	\$184.00	\$184.00
21.	Phoenix Park Hotel	\$179.00	\$199.00
22.	Radison Barcelo Hotel	\$179.00	\$179.00
23.*	Red Roof Inn Downtown DC	\$123.00	\$123.00
24.	Renaissance Mayflower Hotel	\$208.00	\$208.00
25.*	Renaissance Washington, DC Hotel	\$198.00	\$213.00
26.	Washington Court	\$198.00	\$218.00

* Shuttle transportation will be provided to and from all official TCT 2000 hotels to the Washington Convention Center. Hotels listed with an asterisk are within walking distance of the Washington Convention Center.



Sponsored by:

The Cardiovascular Research Foundation and
Lenox Hill Heart and Vascular Institute of New York



In association with:

The Society for Cardiac Angiography
and Interventions



Transcatheter Cardiovascular Therapeutics 2000

TUESDAY, OCTOBER 17 - SUNDAY, OCTOBER 22, 2000
WASHINGTON CONVENTION CENTER
WASHINGTON, DC



Cardiovascular Research Foundation

NEW YORK CITY

East 59th Street, 6th Floor, New York, NY 10022

See page . . .

- 6 to find out about
year's Minicourses at
TCT 2000
- 8 and learn about the
3rd Annual
Interventional
Cardiology Self-
Assessment Course
- 12 for this year's Plenary
Sessions
- 15 through 21 for a
concise Day at a
Glance Calendar.
- 22 and find out about
How-to Operator
Workshops
- 29 for your TCT 2000
Abstract Form and
Deadline
- 31 to register for TCT
2000

and much more inside!

NON-PROFIT ORG.
U.S. POSTAGE
PAID
WASHINGTON, DC
PERMIT #1767

[zurück] [TCT Homepage]

x]

x]

x]

Bericht zur Tagung in Washington v. 18. - 22.10 2000

[[Brachytherapie](#)] [[Imaging](#)] [[Drug Eluting Stents](#)]

Die wohl weltweit größte Tagung für Interventionalisten war wieder sehr gut besucht und behandelte eine große, kaum völlig perzipierbare Menge von Issues und Informationen. Neben einer Vielzahl von life cases, was heute schon zu den traditionellen Aktivitäten von TCT gehört, ging es um die Darstellung der aktuellen Trends und praxisnahen Unterrichtung. Als Schwerpunkte sind zu nennen:

1. Brachytherapie
 2. begleitende medikamentöse Therapie (GP2b3a, etc.)
 3. Risk Reduction durch lipid lowering (Statine als "wonder drugs")
 4. neue klinische Trials
 - CADILLAC (PTCA vs. Stent in AMI with and without gp2b3a)
 - SAFER (Distal protection in performing PCI in Bypass Grafts)
 - DIRECT (TMR)
 - RAP (Stenting vs. PTCA in small vessels)
 5. the big 4: Guidant, Cordis, Medtronic AVE, NIR Flex - Stent presentation
 6. periphere PTA bes. Carotis
 7. Women PCI
 8. Diabetics PCI
 9. neue Devices - Cutting Balloon, periphere Embolisation (Carotis, Bypasses)
-

Des weiteren ging es um neue Techniken und Randgebiete wie Entwicklungen auf dem Gebiete der Herzchirurgie

Drug eluting stents

Als wichtigstes Ergebnis jedoch sind die neuen Stents mit **drug-delivery-Eigenschaften** zu nennen:

Tranilast, Probucol, Cilastazol, Taxol und Rapamycin; als entwickelnde Firma kommt Cordis in Frage.

Ein neuer Stent wurde genannt, leider nicht genau genug: Sirolimus. Firma unbekannt.

Bei allen Pharmaka besteht die Wirkung in einer Hemmung der spezifischen Mitosen im Stentbereich, die am stärksten bei Probucol nachgewiesen ist und als systemische Applikation auch schon eingesetzt wurde. Wegen einer hohen Nebenwirkungsrate wurde Probucol nie zugelassen. Günstige Ergebnisse in Pilottests zeigen Taxol und das Antibiotikum Rapamycin. Studien sind angesetzt, auf deren Ergebnis man gespannt sein sollte.

Imaging

Die neuen bildgebenden Techniken wurden dargestellt. Es handelte sich aber ausschließlich um MRT, was in einer brillanten Form präsentiert wurde. Warum CT und Koronarkalkbewertung nicht präsentiert wurde, war nicht ersichtlich. Wesentliche Ergebnisse des MR waren:

- Funktionsanalysen sind genauer möglich als mit jeder anderen Methode
- Belastungsuntersuchungen bei KHK, angelehnt an die Protokolle der Stressechokardiografie, haben eine verbesserte Aussagekraft
- Angiografien der großen Gefäße sind ausreichend genau möglich
- die Koronarografie ist verbessert, aber noch nicht für die klinische Routine ausreichend. Es erhebt sich die Frage, ob mit den gegenwärtigen Techniken überhaupt eine klinisch relevante Koronarografie möglich ist und ob die Methode nicht schon an ihre technischen Grenzen gestoßen ist. Vielleicht muss die Indikation zur Koronarografie unterschiedlicher Qualitätsanforderung neu definiert werden (Kontrolluntersuchungen, Ausschlussuntersuchungen, Untersuchungen vor einer Intervention)?

/ghe

Copyright(c) ghe. Generated: 24.10.2000 Updated: 21.11.00

NIRFLEXTM NIR^{INT}

Comparison of:

Engineering & Application Features

Miyazaki, June 10, 1980

to perfect heart and with a willing mind

Clinically significant factors

Feature	
Intelligence	
Neuroticism	
Conscientiousness	
Agreeableness	
Openness	
Stress	
Depression	
Alcoholism	
Drug use	

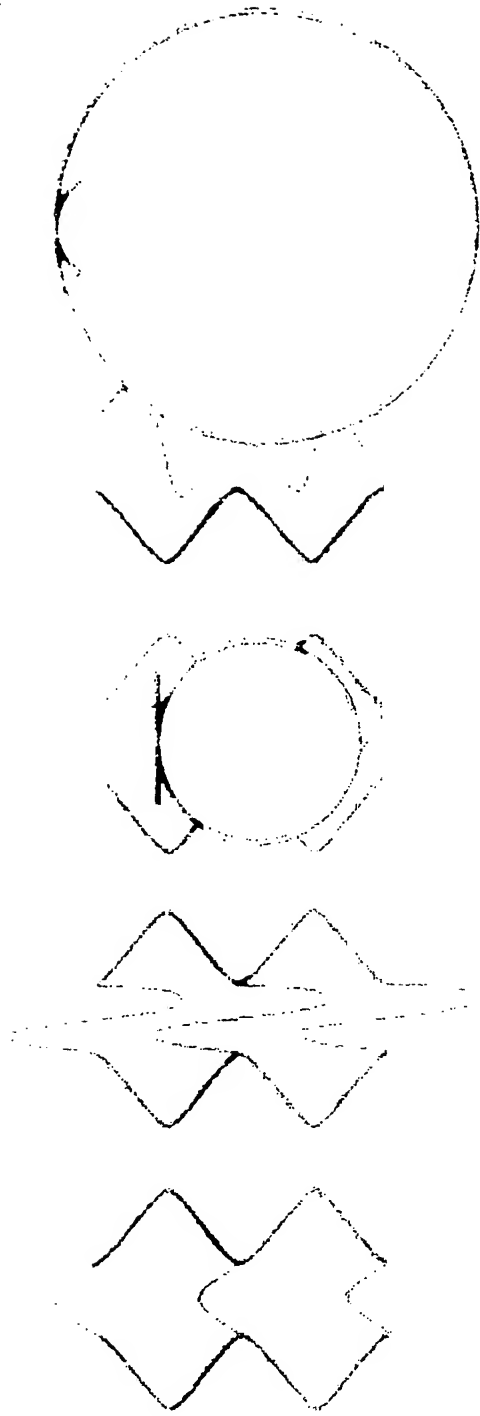
to predict heart and stroke risk

Agenda

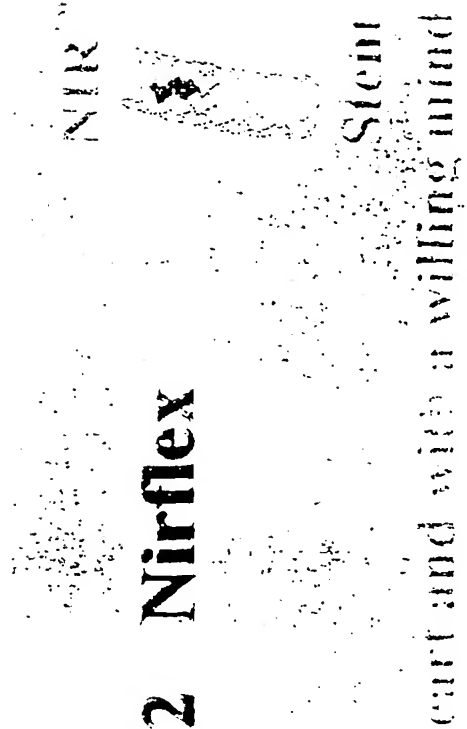
- Design evolution
- Finite Element Analysis
- Bench test results
 - Flexibility @ insertion
 - Radiopacity
 - Foreshortening
 - Compression resistance
 - Recoil
 - Flexibility after deployment
 - Scaffolding
 - Delivery system
 - Fatigue life
- Animal trials & relevance
 - Flexible design
 - Baked Gold
- Applicative significance
- Clinical significance

Other points to be discussed with the panel

Cell design evolution



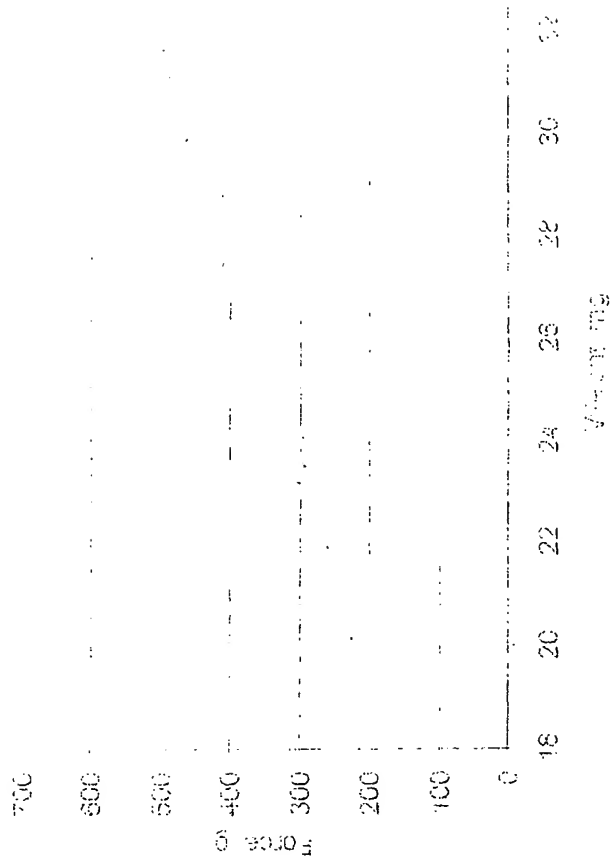
NIR Iter. 1 Iter. 2 Nirflex



In perfect heart and with a willing mind

Bench tests

FIGURE 3-32 Compression resistance of steel components

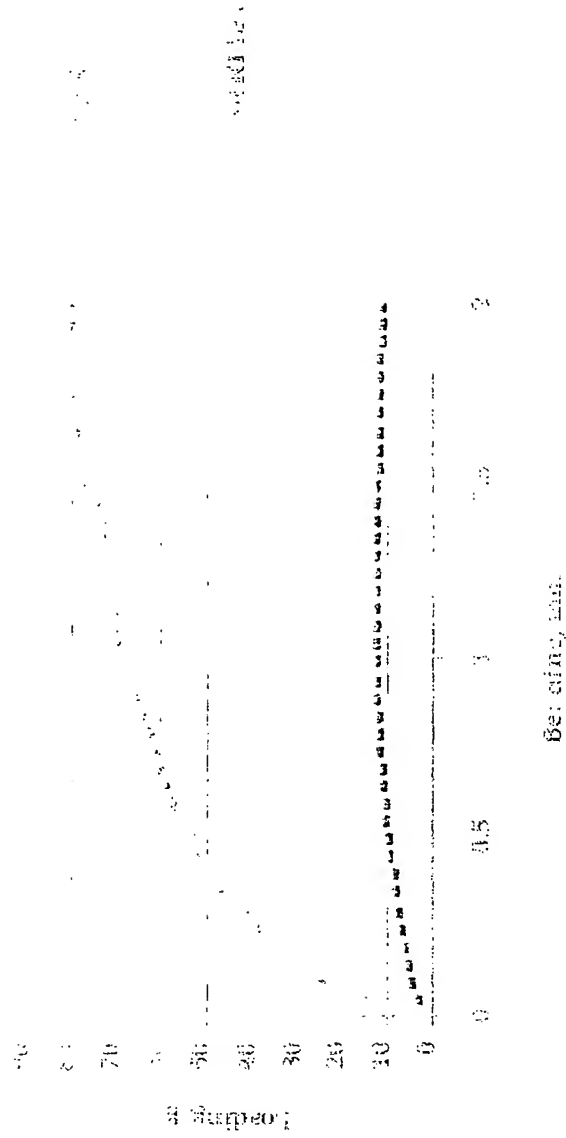


Compression resistance

Stent
In perfect heart and with a willing mind

Bench tests

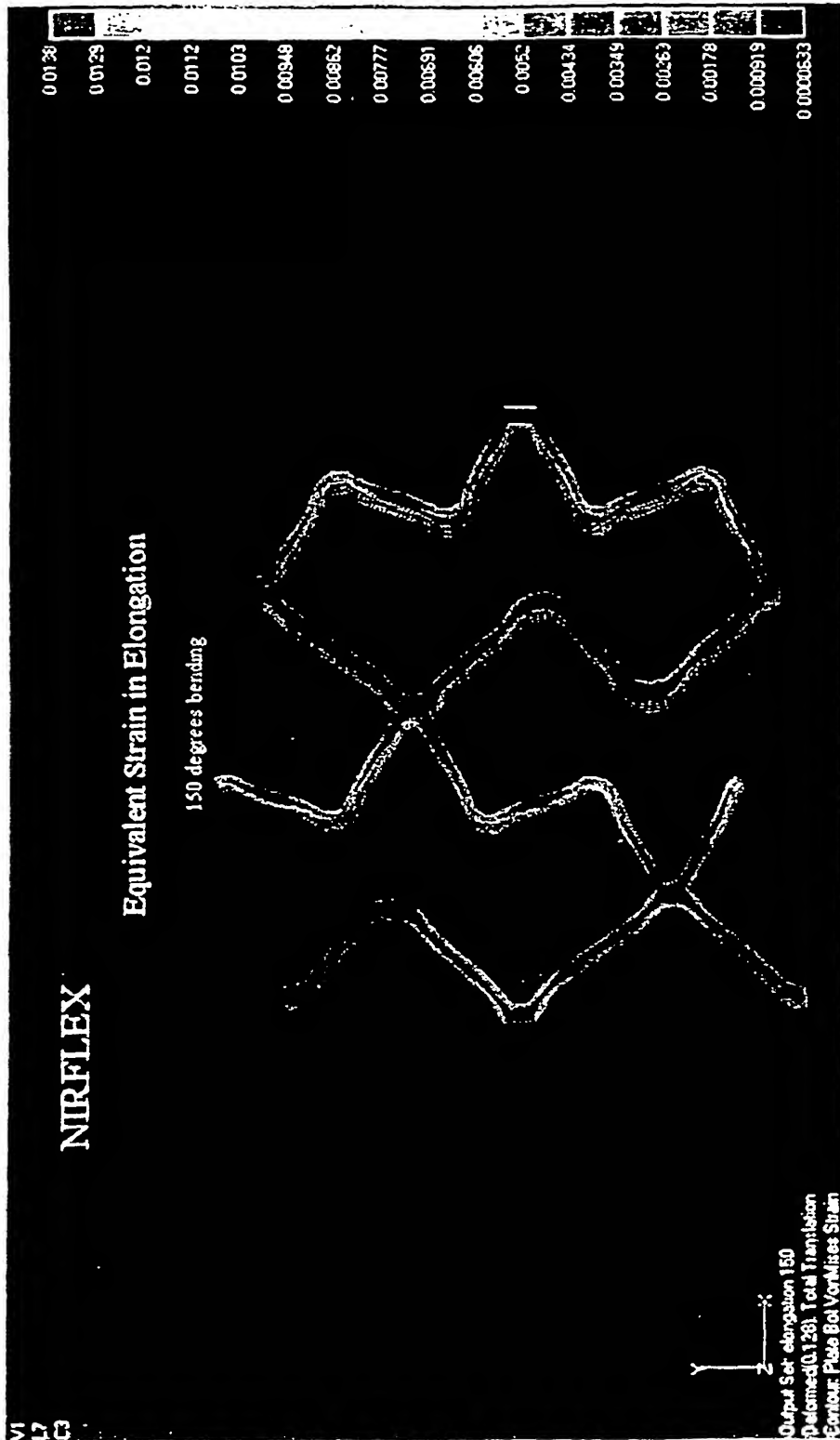
Comparison of Nigida's Test
VIA vs. NIR test



Flexibility @ insertion

Stent
in perfect heart and with a willing mind

Finite Element Analysis



NIRFLEX on expansion

Stent

Stent

Finite Element Analysis



NIR on flexing

NIR Stent
In the state of not under bending mild

Bench tests

Recoil :-

Recoil is affected by the material properties
And the structural design.

Material is identical
Structural strength better
Hence better Recoil

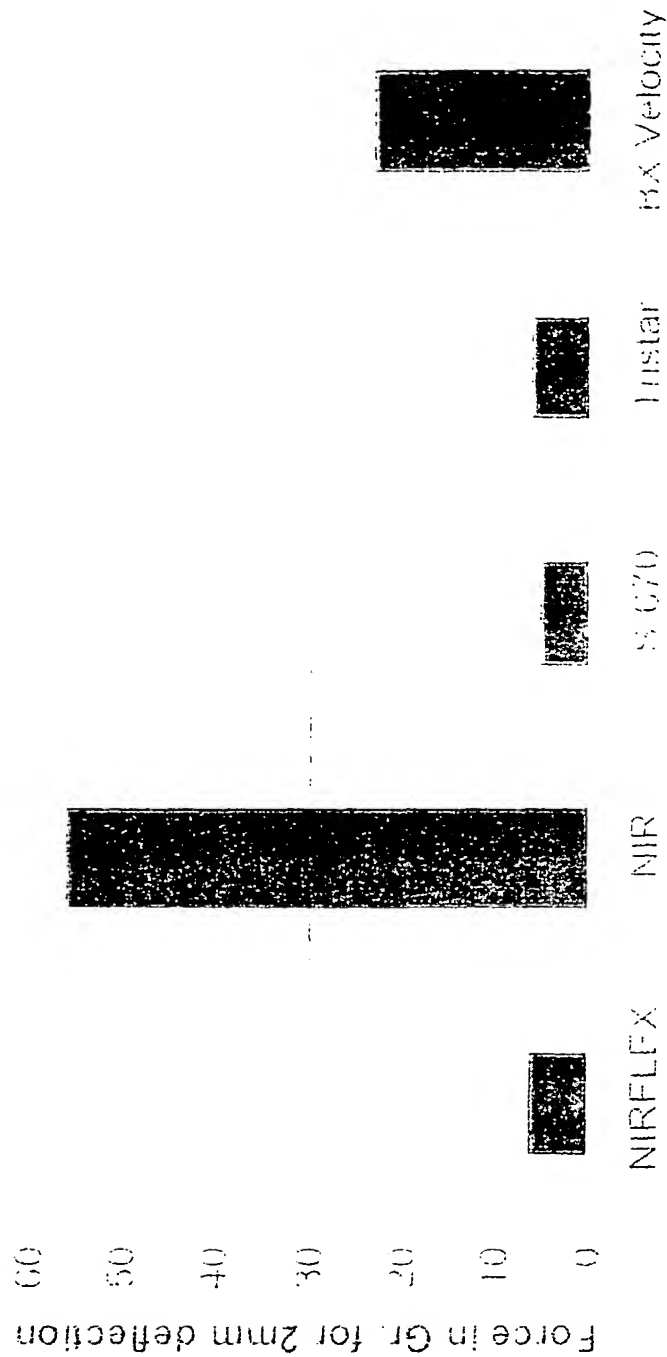


Stent

Stent is a medical device used to keep a blood vessel open.

Bench tests

Conformability



NIR



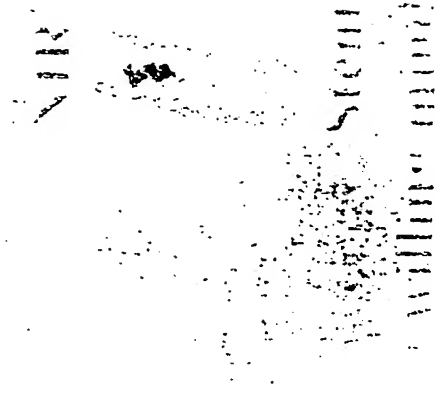
Stent

In perfect heart and with a willing mind

Animal trials:

NIRFLEX acute trial

- Securement
- Trackability
- Radiopacity
- Flexibility after deployment
- Results:



... heart and ...

... will be ...

Animal trials

- NIRFLEX acute trial

- NIR vs. Flexible NIR

- NIR SST / Baked Gold



Stent

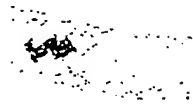
in a soft brain and with a willing mind

Bench tests

Extreme Bend & Rotate comparison:

NIR	350	Cycles
NIRFLEX	90,000	Cycles
BX velocity	800	Cycles
Tristar	86,000	Cycles

NIR



Stent

Low cost heart and a willing mind

Bench tests

S-670

Tristar

NIRFLEX

NIR



Radiopacity

NIR



Stem

in perfect heart and with a willing mind

Bench tests

Delivery system:-

Delivery system equivalent to existing systems in the market. Material identical to NIR on SOX, geometry identical to NIR on RANGER

NIR

SOX

Stent

Delivery system equivalent to existing systems

Bench tests

Side branch access :-



ZIR

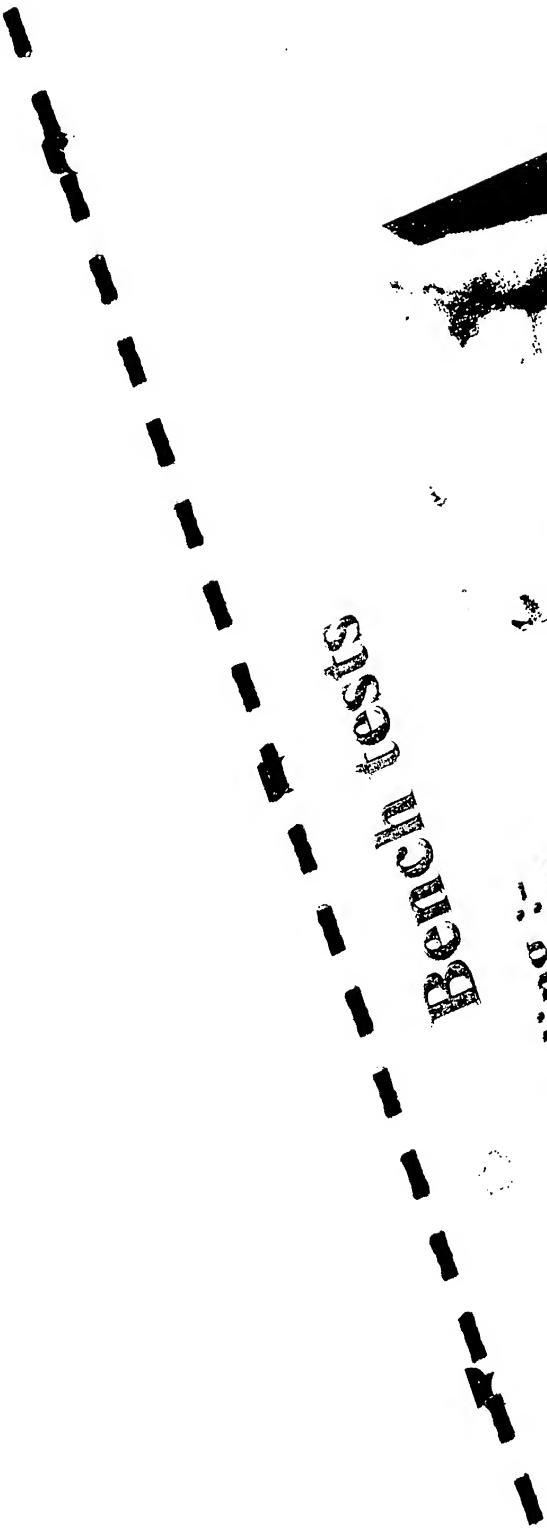
Stent
In perfect heart and with a willing mind

Bench tests

Scaffolding

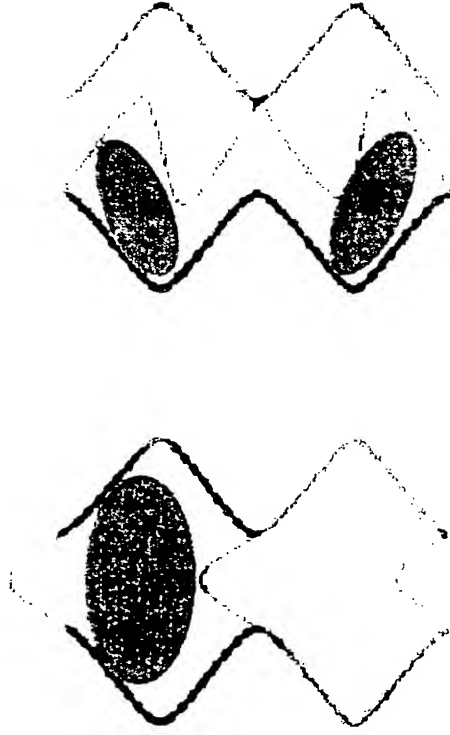


Secret



Bench tests

Scaffolding :-



Start

to go to school and with a willing mind

Animal trials



NIRFLEX 3.0 and 2.5 tapered stenting

Stent

Expanded heart and with a willing mind.

Animal trials



4 stents Radiopacity comparison

Stent
and with a willing mind

Applicative significance

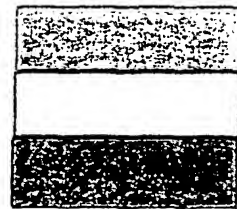
Feature	Advantage	Long term Consequences
Biocompatibility	Trackability Conformability	Long term restenosis reduction
Stentless (Gold)	Radial force	Flow compatibility equal

Stentless heart and stentless willing mind

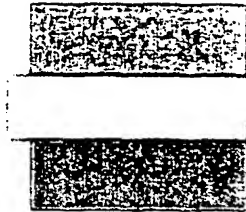
Animal trials:

NIR ST / Gold / Baked Gold

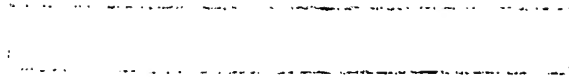
3
2.5
2
1.5
1
0.5
0



NIR ST



Gold

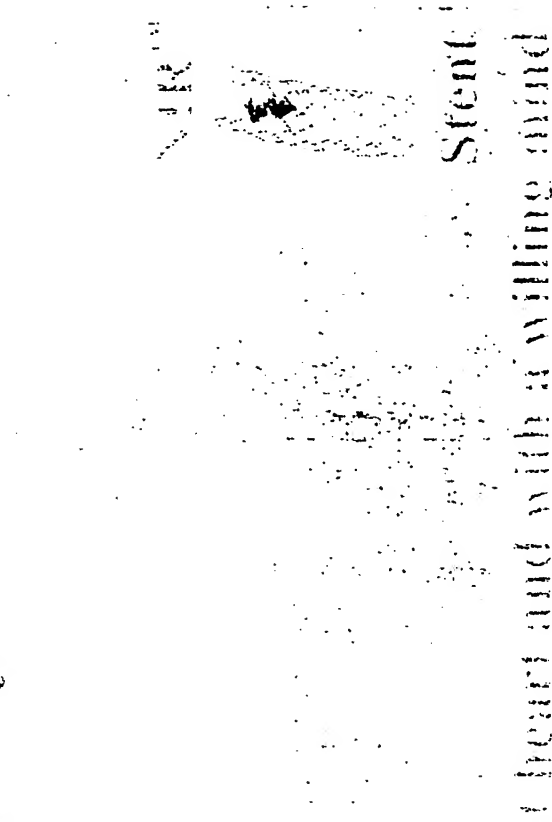


Stent
helps to stand with a willing mind

Animal trials

SST / Baked Gold

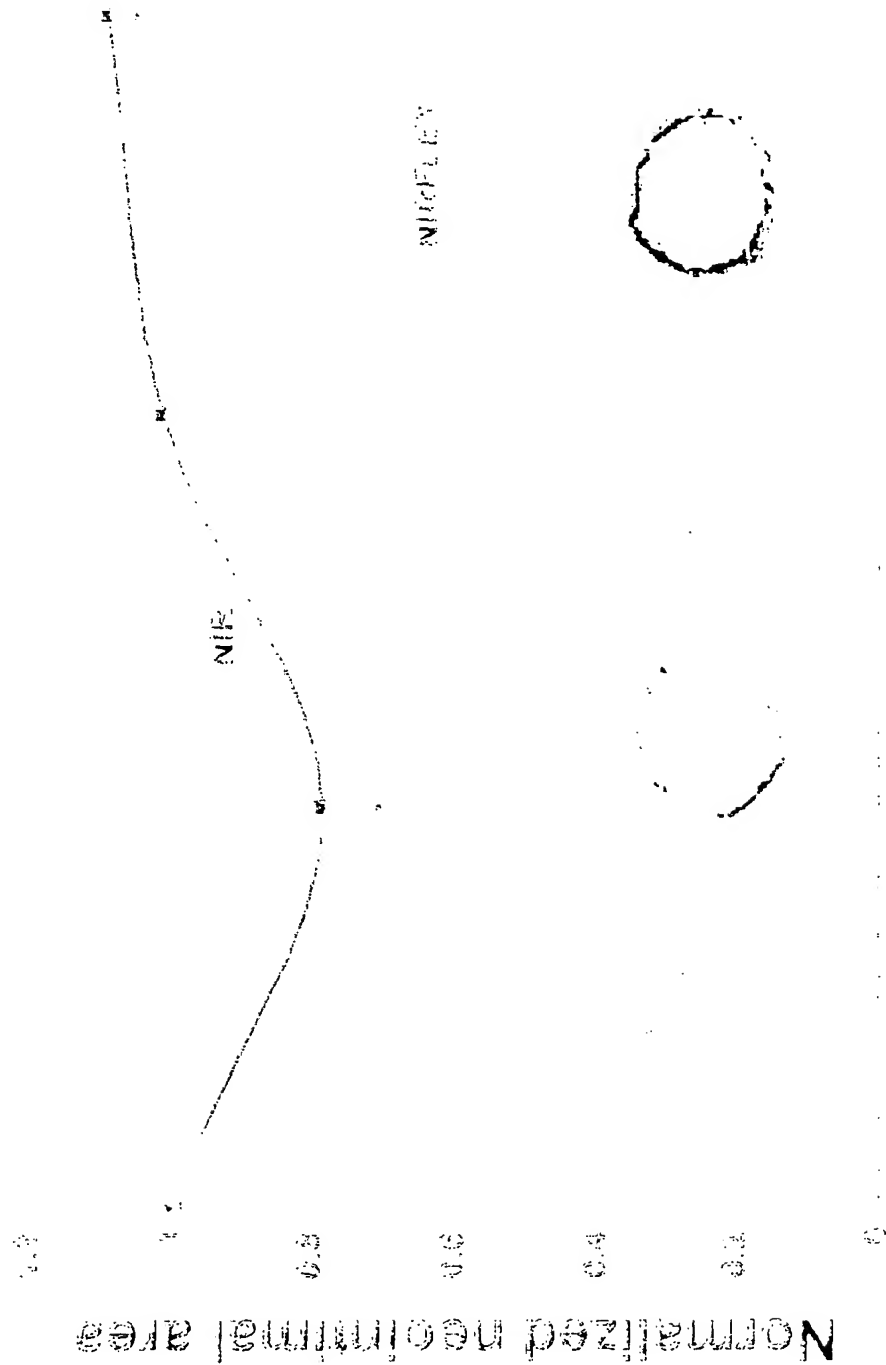
- Surface and composition comparison
- Thrombogenicity
- Neointimal area @ 28 days



In perfect heart and with a willing mind

Animal trials:

Intimal hyperplasia



2 Position

stem
in the heart and over a willing mind

Animal trials



NIR and NIRFLEX flexibility after deployment

to protect heart and with a willing mind

Clinical significance

Feature	Comparison
Tractability	↑↑
Resiliency	↑↑↑
Reshortening	↑
Compression res.	↑
Resell	↑
Conformability	↑↑↑
Swelling	↑
Resiliency	↑↑↑

Stent
with...

KEIL & SCHAAFHAUSEN
PATENTANWÄLTE

Deutsches Patent- und Markenamt
80297 München

EUROPEAN PATENT ATTORNEYS
EUROPEAN TRADEMARK ATTORNEYS
DIPL.-PHYS. DR. RAINER A. KEIL
DIPL.-PHYS. LUDWIG R. SCHAAFHAUSEN
DIPL.-ING. NANNO M. LENZ
DIPL.-PHYS. DR. CARSTEN HERBERG
DIPL.-ING. MICHAEL A. DAHMEN

CRONSTETTENSTRASSE 66
60322 FRANKFURT AM MAIN

TELEFON : 069 - 95 96 23 - 0
TELEFAX : 069 - 5 97 50 59
E-MAIL : MAIL@KSPATENT.DE

7 February 2003
K/PUE

Your Ref: GBM 201 08 765 Lö I 9/03
Owner: Medinol Limited
P titioner: Boston Scientific Medizintechnik GmbH
Our File: M 28 G 4 Lö 1

The Request for Cancellation submitted with the Office Action of January 28 / February 3, 2003 is hereby opposed.

It is requested to reject the Request for Cancellation and to determine that the petitioner has to bear the costs of the proceedings.

Dr. Rainer A. Keil
Patent Attorney
VNR: 264 261

Anlage 9a

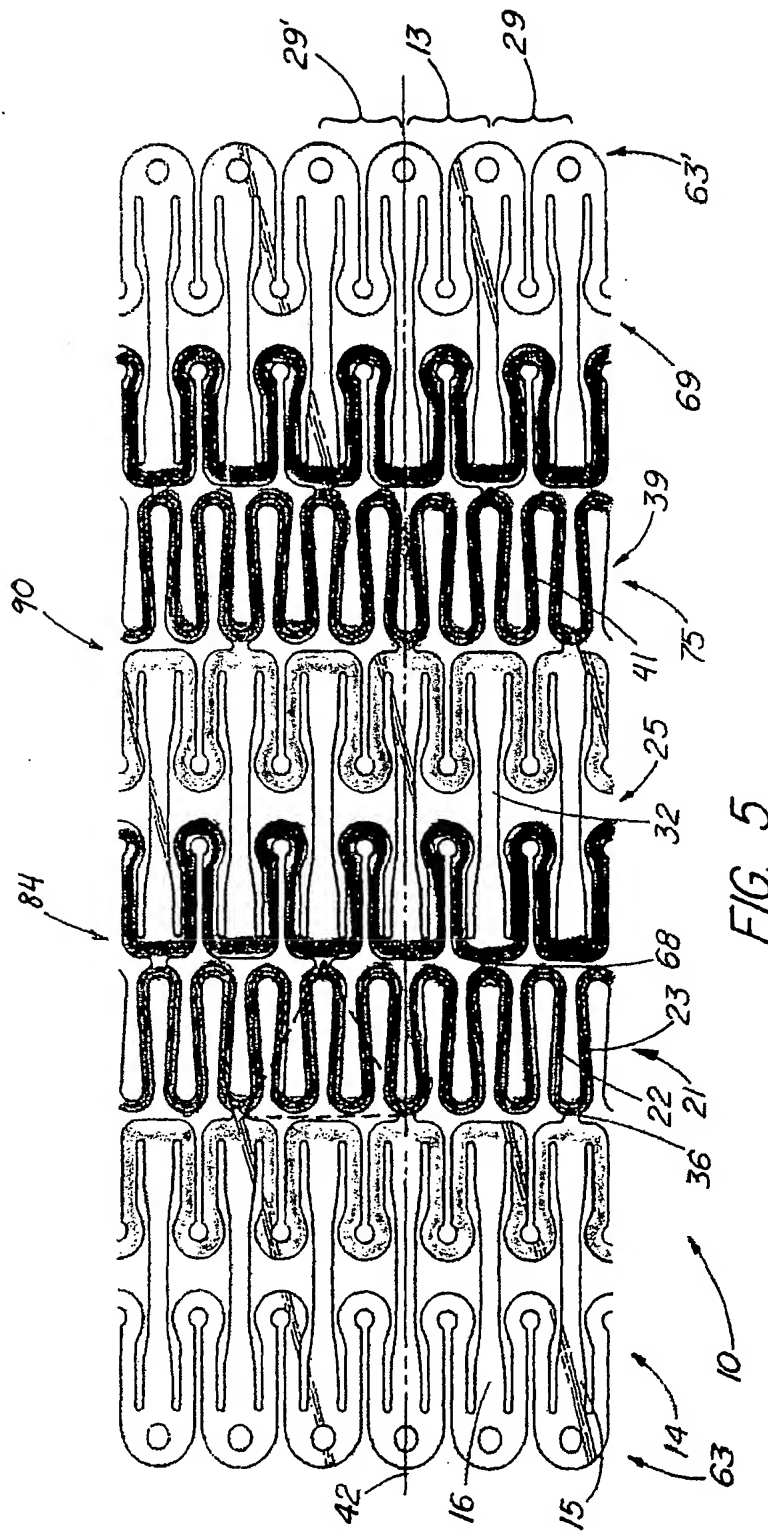


FIG. 5

Anlage 9b

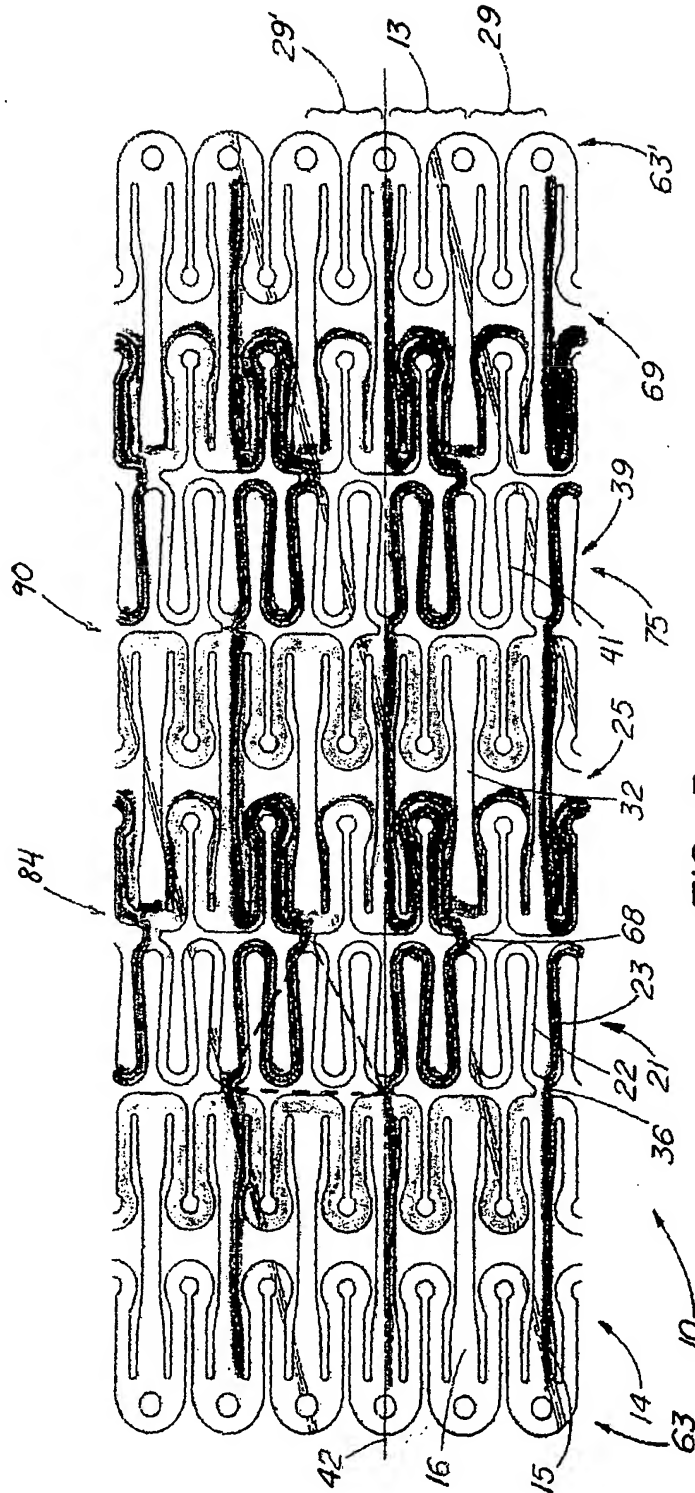


FIG. 5

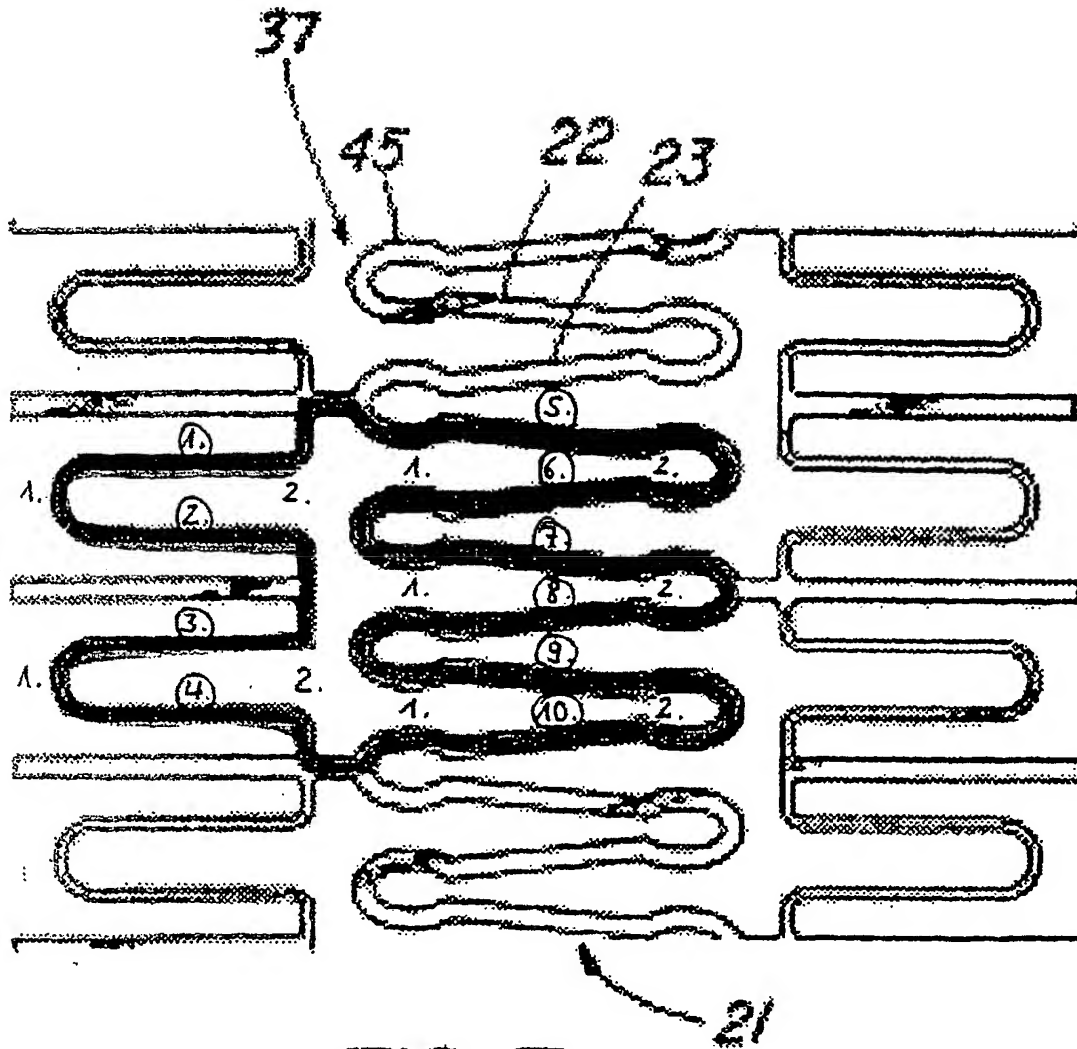


FIG. 7

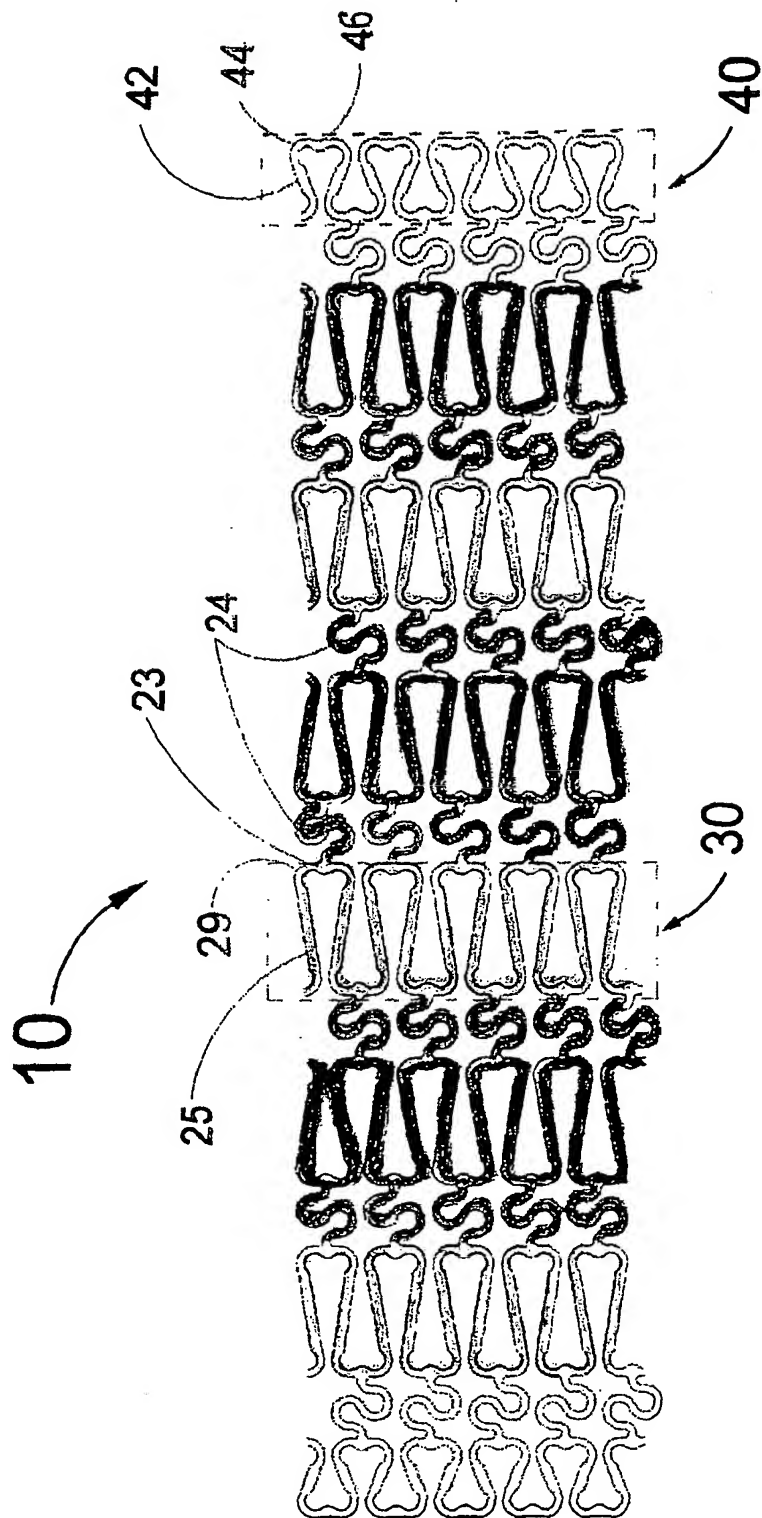
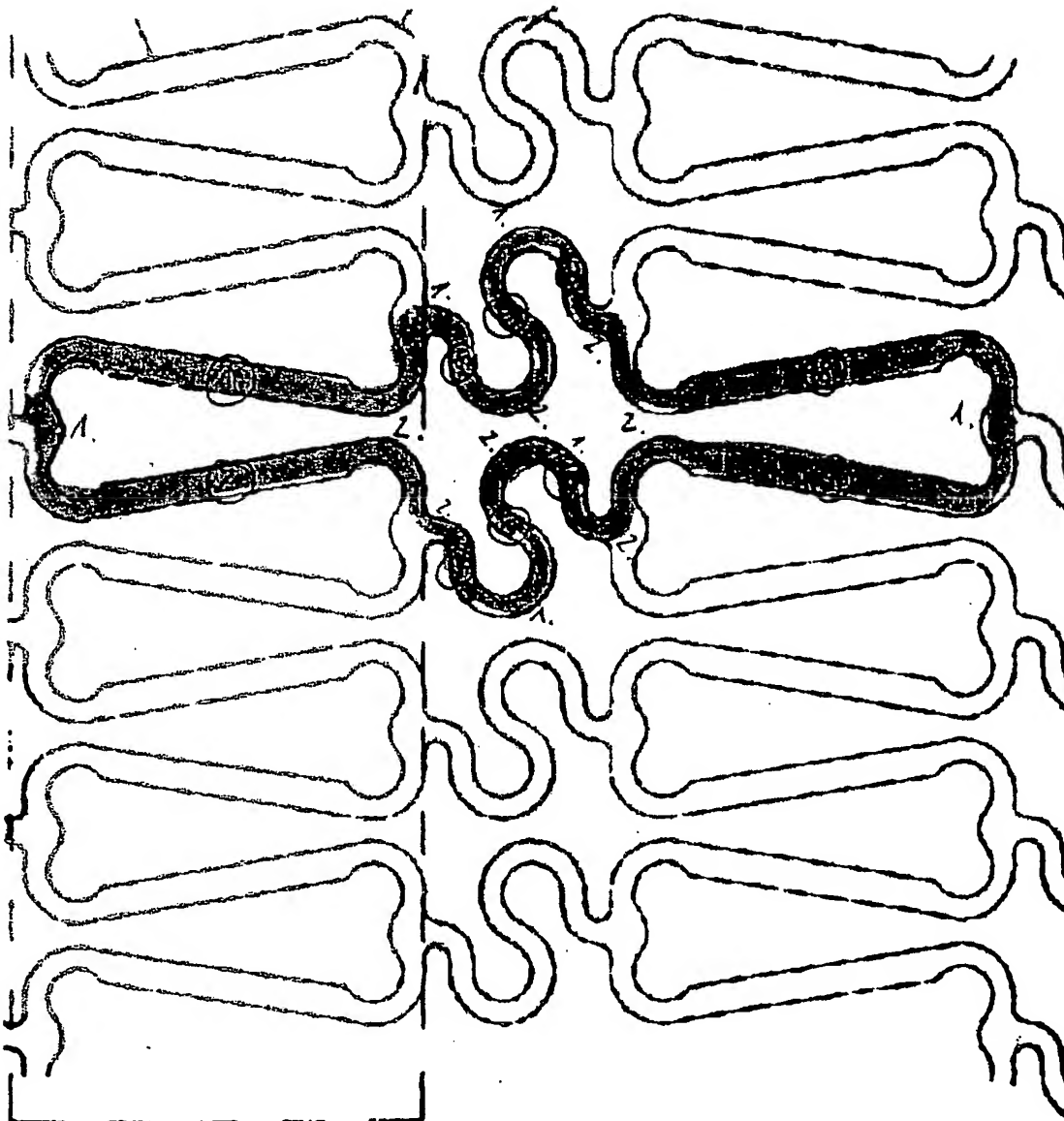


FIG. 1



30

Anlage 11a

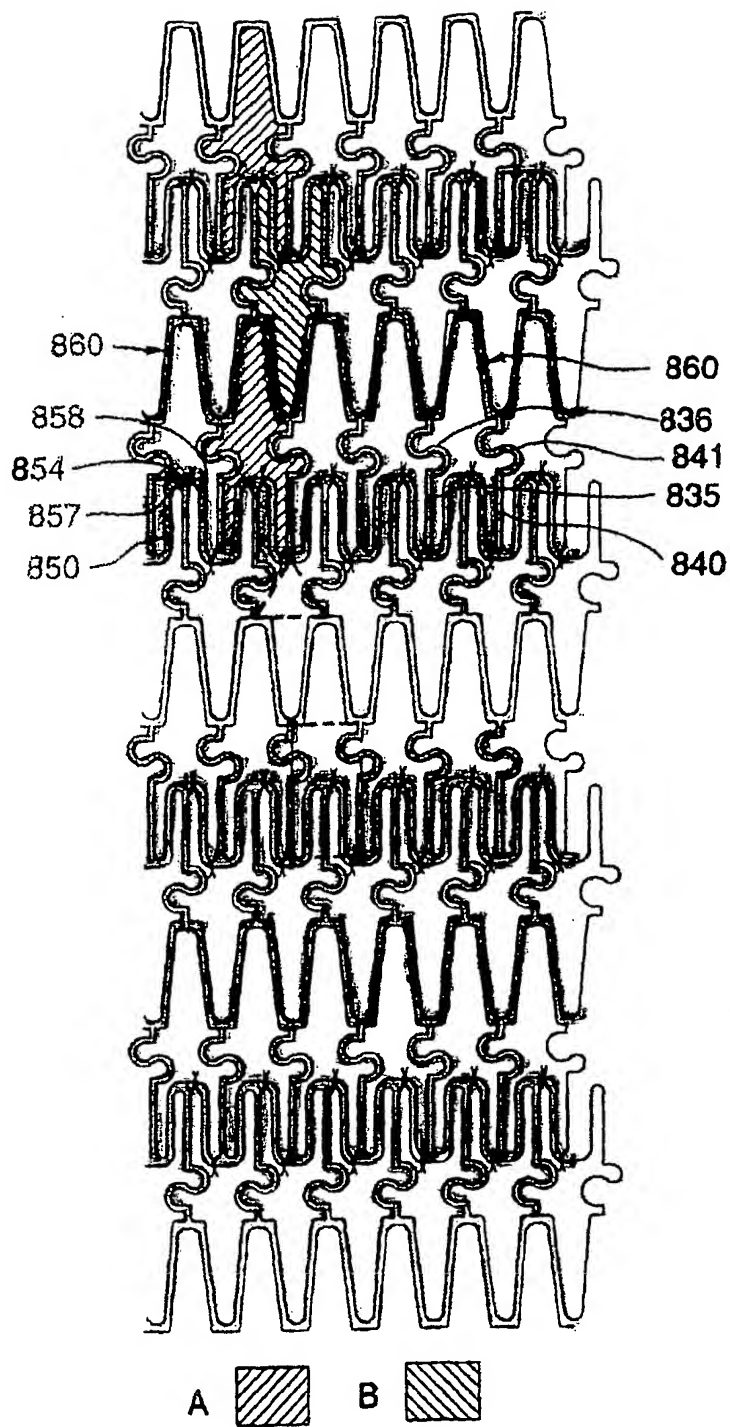
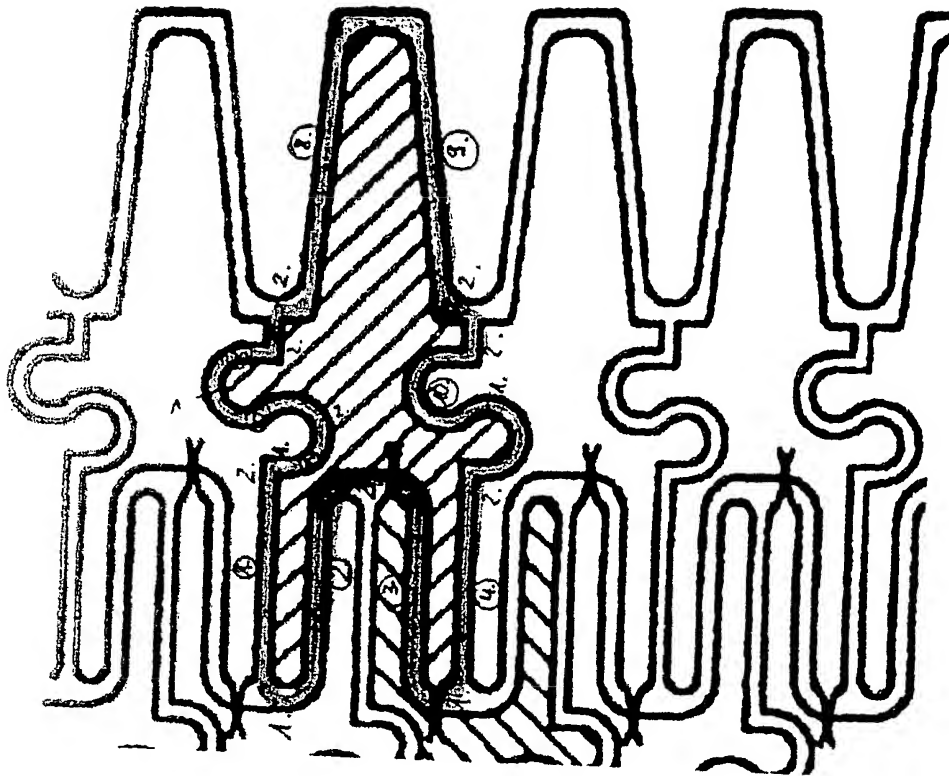
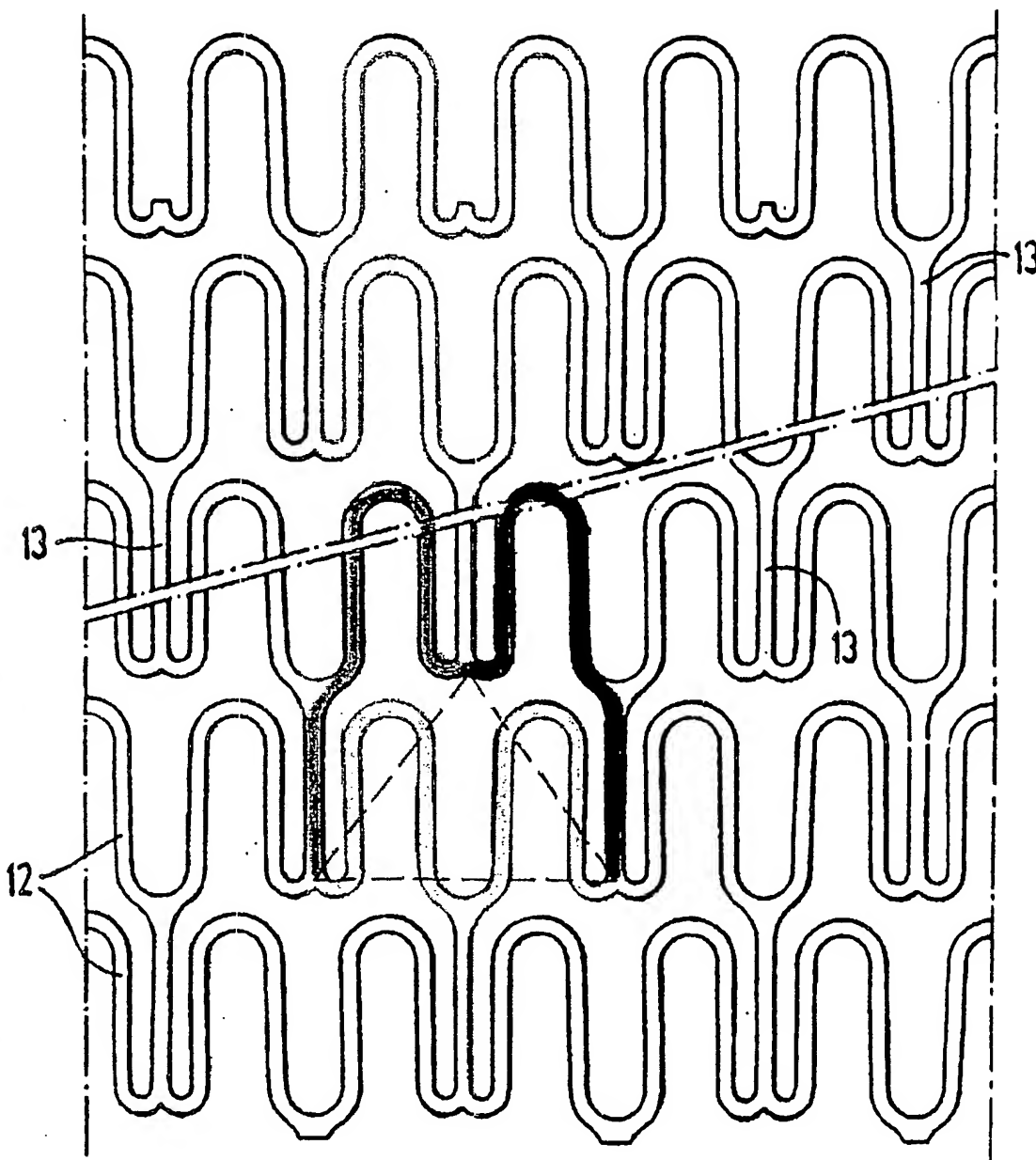


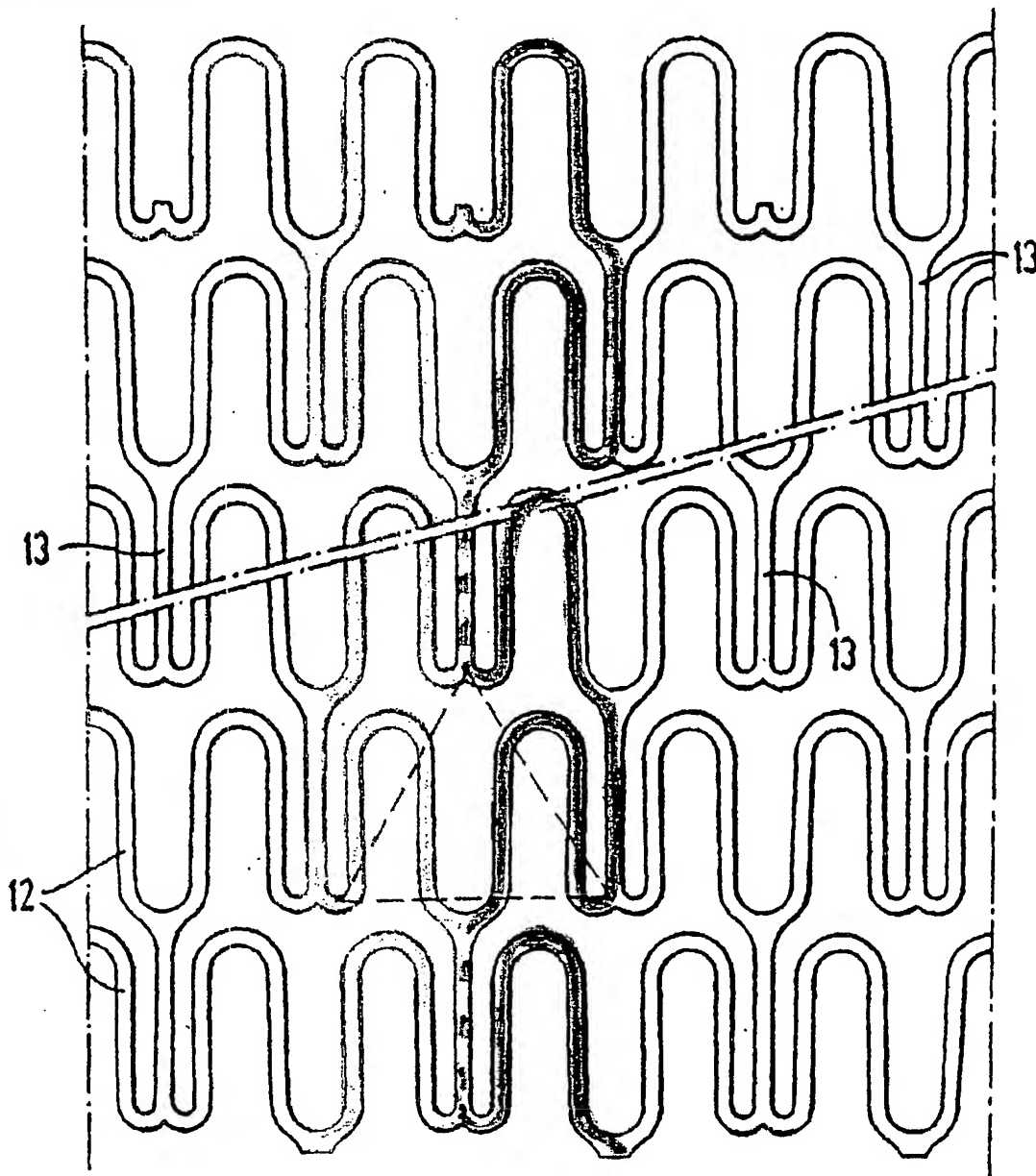
FIG.9

Löschungsantrag gegen DE 201 08 764 U1
Medinol Ltd.
U.Z.: G2403 GM-DE/L8

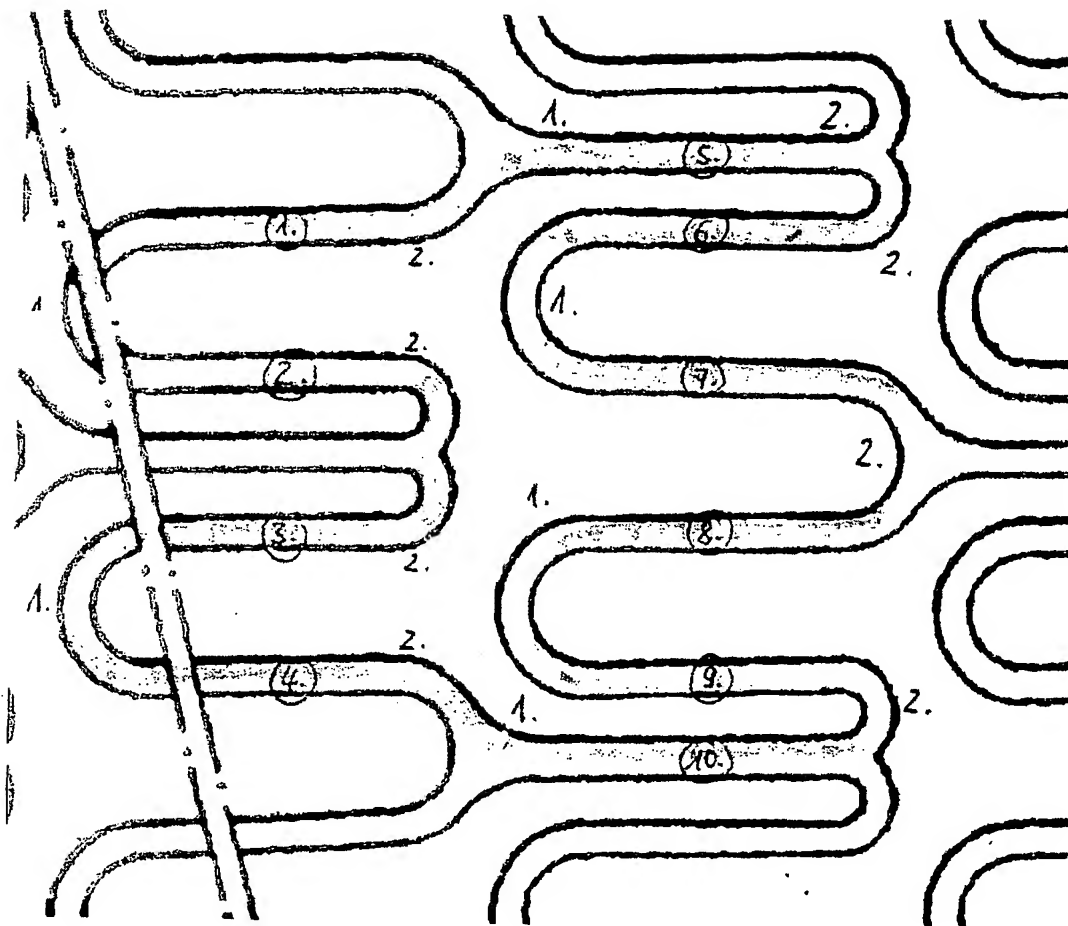
Anlage 11b







Anlage 12c



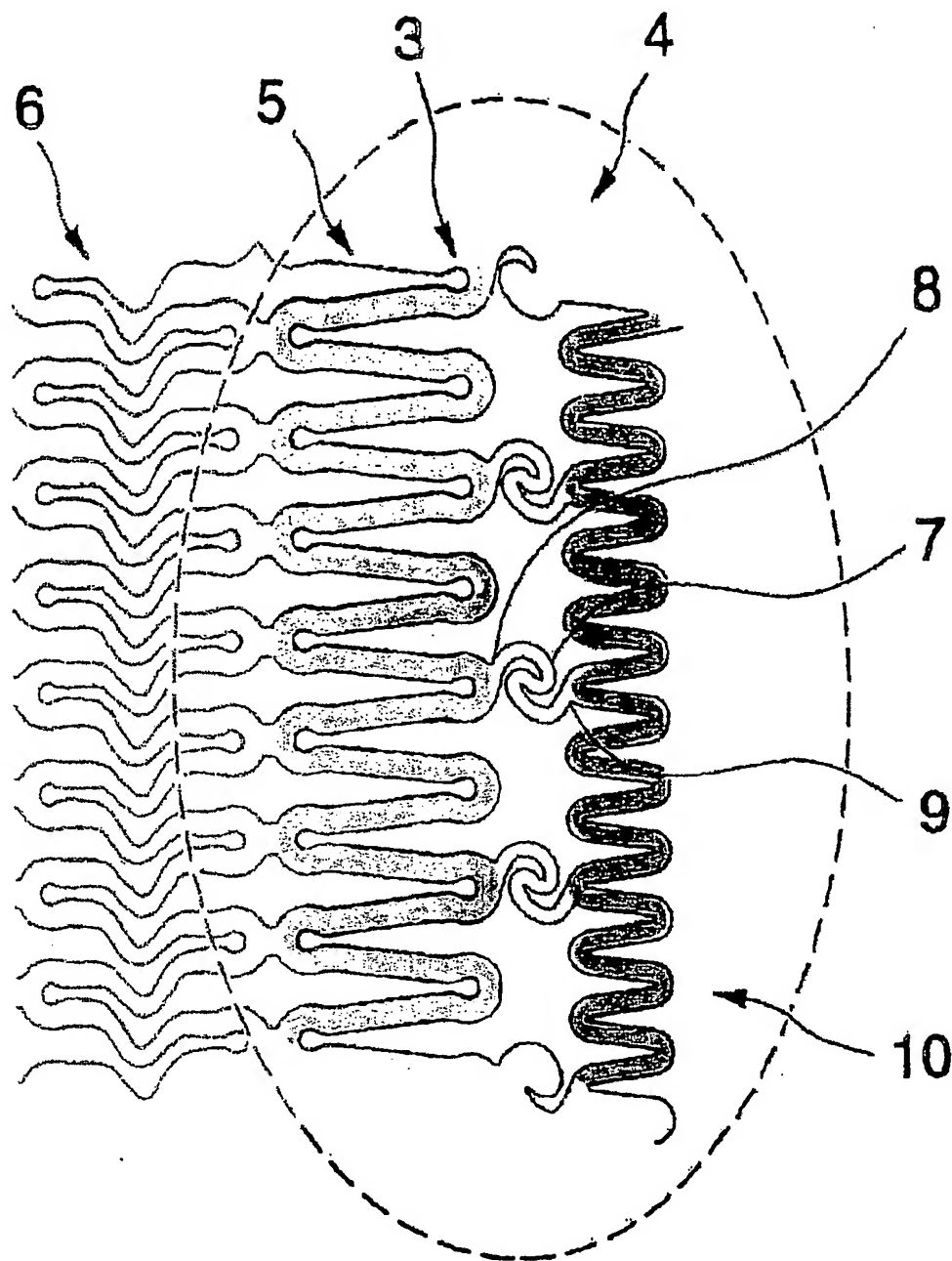
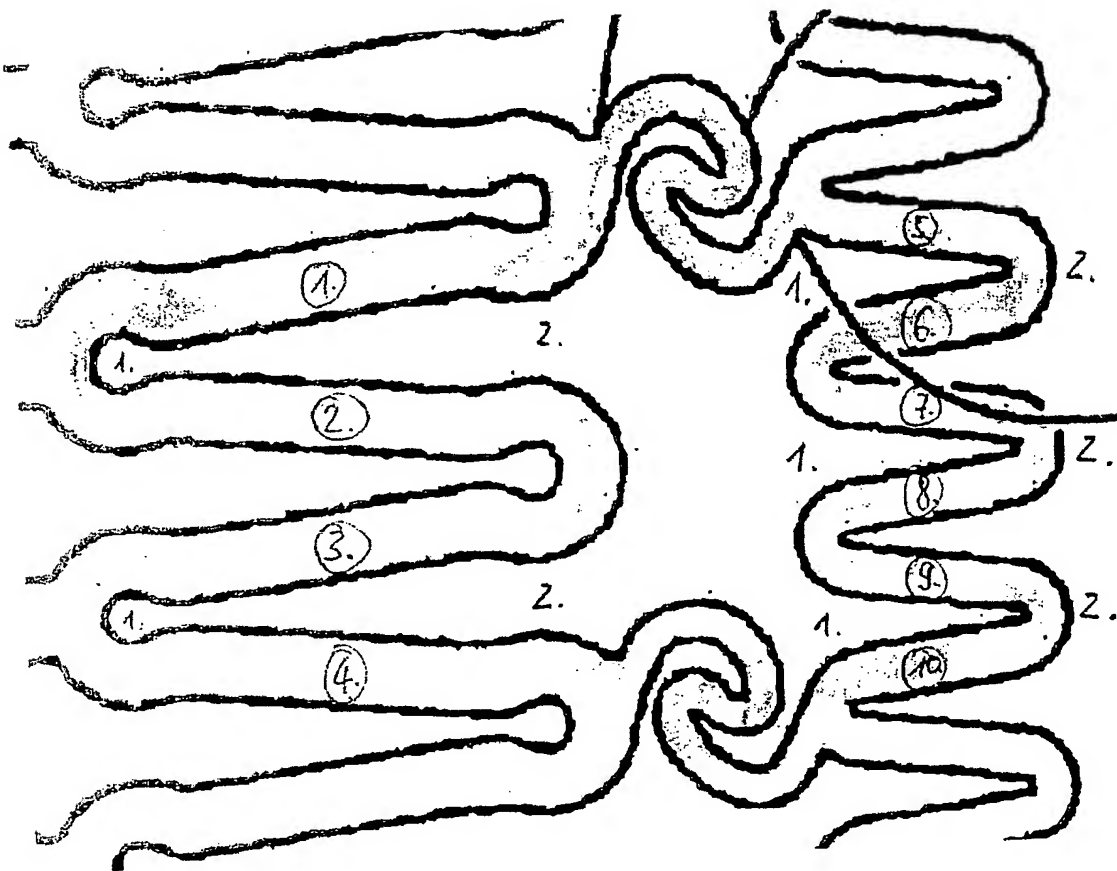
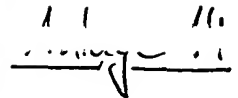
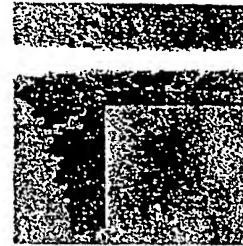


Fig. 2





[Overview](#) [Specs](#) [Instructions For Use](#) [Ordering information](#)

NIRflex™

Overview

NIRflex™ and the NIRflex™ Royal are the only stents that continually conform while maintaining optimal scaffolding, even as the vessel moves.

Flexibility during delivery

- Optimizes insertion and navigation through tortuous vessels and capacity to reach distal lesions and small vessels.

Flexibility and conformability

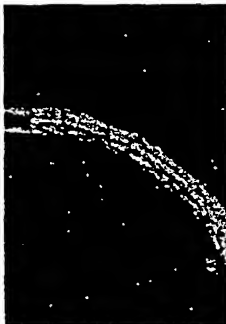
- Optimally conforms to vessel curvature.
- High flexibility after expansion for optimal compliance for exceptional compliance with vessel motion.

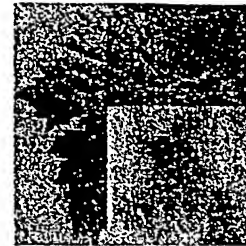
Optimal Scaffolding

- Maintains uniform cell area needed to sustain the highest degree of support and minimize vessel prolapse even in very curved section.

Larger Side Branch Access

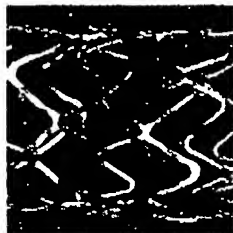
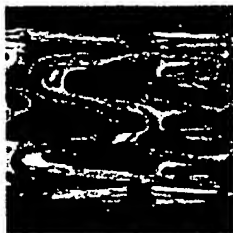
- Side-branch access increased to 3.5mm.
- Increased side-branch access provides easy reach for future procedures.





Medinol Ltd. is a global leader in the field of vascular disease management and the inventor, designer, and manufacturer of the NIR® stent. Through its unique approach to design and manufacturing, Medinol continues to set new stenting solution standards.

NIRflex™ stents for coronary and peripheral use, currently available in Europe and in clinical trials around the world, reflect the company's uncompromising commitment to quality and patient-focused therapeutic innovations. Medinol Ltd. is privately held and headquartered in Tel Aviv, Israel.



Flexible Closed Cell Design

Medinol changed minimally-invasive cardiovascular stent technology with the NIR®, the first flexible closed cell design stent. This expertise continues to move the industry standard forward. Maintaining the original groundbreaking spirit, Medinol developed the NIRflex™ stent. The revolutionary geometry of NIRflex™ answers the patient's and physician's needs with a breakthrough in stent performance:

exceptional flexibility AND optimal scaffolding provided *simultaneously*. Open cell stents, when flexed, leave a gaping area that promotes tissue prolapse.

Unlike the flexible closed cell design of NIRflex™ which provides extreme flexibility without sacrificing scaffolding.

With every heartbeat, only NIRflex™ combines real-time flexibility and continual conformability to move with the vessel while maintaining optimal scaffolding. Small cells provide better scaffolding. The ability of the stent of prevent prolapse is directly proportional to the size of gaps between struts.

The NIRflex™ proprietary flexible closed cell design allows its small sub-cell compartments to retain support while remaining flexible.

FINAL PROGRAM

Anlage 15A

.öschungsantrag gegen DE 201 08 764 UI
Medinol Ltd.
..Z.: G2403 GM-DE/L8



Sponsored by:
The Cardiovascular Research Foundation and
Lenox Hill Heart and Vascular Institute of New York



Transcatheter Cardiovascular Therapeutics 2000

TUESDAY, OCTOBER 17 - SUNDAY, OCTOBER 22, 2000
WASHINGTON CONVENTION CENTER
WASHINGTON, DC

THURSDAY, OCTOBER 19, 2000



Concurrent Sessions

SESSIONS-AT-A-GLANCE

- | | |
|---------------------|--|
| 10:00 am - 12:45 pm | 1. Point/Counterpoint I: Debates in Coronary Intervention
Washington Convention Center, Rooms 13 - 14 |
| 10:00 am - 12:55 pm | 2. Coronary Stents I: Differentiating Stent Design and Performance
Washington Convention Center, Room 30 |
| 10:00 am - 1:10 pm | 3. Peripheral Intervention I: Diagnosis and Management of Iliac and Infra-Inguinal Disease
Washington Convention Center, Room 32 |
| 10:00 am - 1:05 pm | 4. Interventional Pharmacology I: Systemic and Site-Specific (non-stent based) Therapies for Restenosis
Washington Convention Center, Room 33 |
| 10:00 am - 12:30 pm | 5. The Women's Cardiovascular Healthcare Initiative: Socio-Medical Issues, Clinical Trials, and Future Directions
Washington Convention Center, Rooms 20 - 21 |
| 12:30 pm - 5:45 pm | 6. SPECIAL SESSION: The FDA Town Hall Meeting
Washington Convention Center, Room 31 |
| 3:00 pm - 6:00 pm | 7. Diagnosis and Pre-Emptive Treatment of the Vulnerable Plaque
Washington Convention Center, Rooms 13 - 14 |
| 3:00 pm - 6:00 pm | 8. Coronary Stents II: Complex Lesion Subsets
Washington Convention Center, Room 30 |
| 3:00 pm - 6:15 pm | 9. Distal Embolic Protection
Washington Convention Center, Room 32 |
| 3:00 pm - 6:00 pm | 10. Interventional Pharmacology II: Antiplatelet Agents (I)
Washington Convention Center, Room 33 |



CONCURRENT SESSION #1

10:00 am - 12:45 pm, Rooms 13 - 14

Point/Counterpoint I: Debates in Coronary Intervention

Moderators: Maurice Buchbinder, MD and Stephen Oesterle, MD

Optimal Treatment for Patients with Diabetes and Coronary Artery Disease

- | | | |
|----------|--|------------------------------|
| 10:00 am | The Evidence is In—Bypass Surgery Reigns Supreme! | <i>Delos M. Cosgrove, M</i> |
| 10:15 am | Read Between the Lines—Angioplasty Should be the Initial Option for Most Patients! | <i>Frederick Feit, M</i> |
| 10:30 am | Put Away Your Scalpels and Sheaths—Optimal Care of Diabetics Centers Around Tight Glycemic Control and Risk Factor Modification! | <i>Michael E. Farkouh, M</i> |

Direct Laser Myocardial Revascularization—Hope or Hype?

10:45 am A Future Mainstay of Anginal Control!

Keith B. Allen, MD

11:00 am At Best An Expensive and Perilous Placebo!

Daniel Burkhoff, MD

Reperfusion Strategies in AMI

11:15 am It's Time to Stop the Debate: Stenting + IIb/IIIa Blockade is the New Standard of Care!

Albert Schomig, MD

11:30 am In the "Real World," Thrombolysis is Easier and at Least as Effective!

William J. French, MD

11:45 am Up Front Clot Lysis + Immediate Catheterization—Patients Deserve Both!

Allan M. Ross, MD

Should Moderate Coronary Artery Stenoses Be Revascularized?

12:00 pm No—Medical Therapy Suffices for Most!

Bertram Pitt, MD

12:15 pm Yes, But Only if Physiologically Significant!

Bernard De Bruyne, MD, PhD

12:30 pm Yes, Routinely!

Bernhard Meier, MD

12:45 pm ADJOURN



CONCURRENT SESSION #2

10:00 am – 12:55 pm, Room 30

Coronary Stents I: Differentiating Stent Design and Performance

Moderators: Antonio L. Bartorelli, MD and Elazer R. Edelman, MD, PhD

Towards the "Perfect" Stainless Steel Stent

10:00 am Are There Meaningful Clinical Differences Between Approved Coronary Stents?

Ross Prpic, MD, MBBS

10:15 am Stent Design Dictates Thrombosis and Restenosis—New Insights Into the Performance of "Standard" Stainless Steel Stents from Computer Modeling

Elazer R. Edelman, MD, PhD
JWEL

10:30 am Impact of Strut Thickness on Restenosis—the ISAR-STEREO Randomized Trial

Albert Schomig, MD

10:45 am Will Lesion-specific Stent Designs Improve Early and Late Results in Complex Lesions Subsets?

Joachim Schofer, MD

The Next Generation Stainless Steel Stents from the "Big 4"—Bullet Presentations

11:00 am The Guidant Tetra

Dean J. Kereiakes, MD

11:05 am The Cordis BX Velocity *VENUS, 304 pts, 6 mo. TLR 7.6*

Tim A. Fischell, MD

11:10 am The Medtronic AVE S7 *1 mm 10 covered*

Jeffrey J. Popma, MD

11:15 am The Medtronic AVE BeStent II *BEST, 14.5% rest, orig. BeStent*

Rafael Beyar, MD

11:20 am The NIR Flex and Conformer Family *Best 12 227 pts. 30 day*

Donald S. Baim, MD

Beyond Stainless Steel—Exploring the Impact of New Stent Materials

11:25 am Stent Materials and Vascular Interactions I—Implications for Thrombosis

Andrew Farb, MD

11:40 am Stent Materials and Vascular Interactions II—Implications for Restenosis

Julio C. Palmaz, MD

Silicon Carbide and Carbon Coated Stents—Evidence for Thromboresistance and Restenosis Reduction

11:55 am The Sorin Carbostent

Antonio L. Bartorelli, MD

12:10 pm The Biotronik Tenax Stent

Jacques Koolen, MD

The Gold Standard Debate

12:25 pm Debate: Gold Stents Represent a New Standard for Visibility, Performance and Clinical Outcomes!

Elazer R. Edelman, MD, PhD

12:40 pm Caveat Emptor—Restenosis is Increased with Gold!

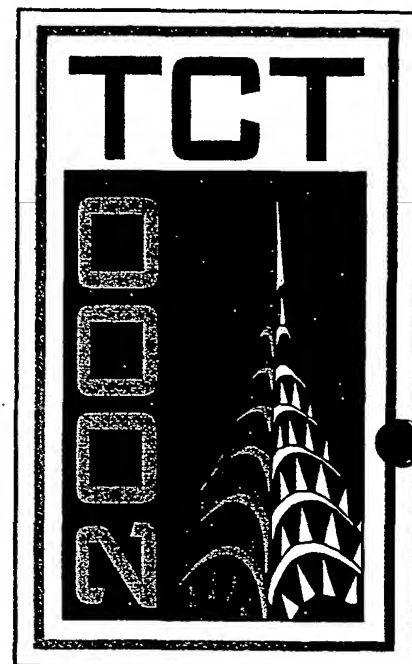
Juergen vom Dahl, MD

12:55 pm ADJOURN

Table of Contents

3	OPENING-DAY MINICOURSES Wednesday, October 18th
3	SCIENTIFIC ABSTRACTS Wednesday, October 18th
3	3 rd ANNUAL INTERVENTIONAL CARDIOLOGY SELF-ASSESSMENT COURSE Tuesday, October 17th Wednesday, October 18th
12	PLENARY SESSIONS
16	DAY AT A GLANCE Thursday, October 19th Friday, October 20th Saturday, October 21st
22	HOW-TO OPERATOR WORKSHOPS Sunday, October 22nd
23	CME ACCREDITATION & ADDITIONAL TCT INFORMATION
24	TCT FACULTY
28	TCT 2000 TOURS
29	CALL FOR TCT 2000 ABSTRACTS
31	TCT 2000 REGISTRATION
33	TCT 2000 HOUSING FORM

Conference Objectives



Registration Hours

Monday, October 16, 2000	4:00 pm - 8:00 pm
Tuesday, October 17, 2000	6:30 am - 8:00 pm
Wednesday, October 18, 2000	6:30 am - 7:00 pm
Thursday, October 19, 2000	6:30 am - 6:30 pm
Friday, October 20, 2000	6:30 am - 5:00 pm
Saturday, October 21, 2000	6:30 am - 5:00 pm
Sunday, October 22, 2000	7:00 am - 9:00 am

Transcatheter Cardiovascular Therapeutics is the largest international symposium designed for physicians and other healthcare professionals with a special interest in the field of interventional vascular therapy and vascular medicine.

Topics presented will include general angioplasty techniques; stents; balloon PTCA; atherectomy; laser angioplasty; intravascular ultrasound; physiologic lesion assessment; interventional pharmacology; extra-cardiac intervention; direct (laser) myocardial revascularization; neurovascular intervention; radiation vascular therapy; distal embolic protection devices; innovative cardiovascular surgical techniques; vascular medicine; molecular biology (including gene therapy); angiogenesis; regulatory affairs issues; economic outcomes research; information systems (including the internet); new advanced interventional devices and treatment strategies; and other relevant patient care and clinical management topics in the broad field of vascular disease. *During the TCT 2000 international symposium, we expect to host approximately 10,000 participants and a faculty of more than 400 leading academic and clinical interventional cardiologists, radiologists, surgeons, and basic scientists from around the world.* The Washington Convention Center will comfortably accommodate the growing attendance as we expend every effort to celebrate the maturation of our growing subspecialty.

The success of TCT has been the presentation of a challenging and varied educational format that combines the following: live case demonstrations from the "host" site at Lenox Hill Hospital (New York City) and multiple satellite transmissions from national and international venues; plenary-session didactic lectures in the Main Arena; in-depth concurrent sessions; small group "meet the expert" case discussions; evening symposia and breakfast meetings organized by industry; full-day minicourses on hot topics; Cardiovascular Nurse and Technologist Symposium; two-day Self-Assessment and Review Course; and half-day, how-to operator workshops. In addition, peer-reviewed graded abstracts for oral presentation and poster sessions will be organized under the auspices of the Society of Coronary Angiography & Interventions (SCA&I) and published in print and electronic formats.

The specific educational objectives of TCT 2000 are to provide a comprehensive familiarity with existing therapeutic, catheter-based modalities, and to present emerging treatment strategies within the broad field of endovascular therapy. Importantly, this year there will be expanded emphasis on both practical operator technique and strategy issues (with 70 moderated, live case presentations) and "clinical" (nonprocedure-related) interventional vascular medicine topics. A unique and diverse educational presentation format stressing multimedia exposure and parallel sessions will permit registrants and participants from widely varying backgrounds to obtain a personalized experience: either a broad overview or an intensive, focused training program in selected areas.

TCT has always recognized the fundamental contributions of industry to interventional vascular medicine. The Exhibition Hall has been expanded and we expect over 150 interventional device, pharmaceutical, and public service vendors to participate. Importantly, the opportunity to interact with design engineers, material scientists, and application specialists from industry will heighten our understanding of interventional product development. *Due to the close interaction of TCT with industry, we recognize concerns regarding conflict of interest. Consequently, all faculty members having relationships with industry vendors, which may constitute a perceived or real conflict of interest, will be openly disclosed. All program-related educational presentations and case demonstrations during daytime TCT hours (7:30 am through 6:30 pm) will be conceived, organized, and implemented without the input or influence of industry.* Specific evening symposia and breakfast meetings, organized by industry to be held during TCT, will be outside the direct TCT educational umbrella and will be carefully described in all program materials.

A vital component of TCT has been an emphasis on global participation with recognition of the valuable contributions made by our overseas interventional colleagues. We anticipate 100 international faculty and the largest global registration ever. As in previous years, we will highlight many new devices and techniques that are not yet available in the U.S. *Among the many satellite transmissions this year, TCT 2000 will feature live clinical cases from multiple U.S. and international sites including Milan, Italy; Jerusalem, Israel; Toulouse, France; Seigburg, Germany; and Seoul, Korea.*

Continuing last year's theme, TCT 2000 will continue to expand the program content to all aspects of vascular disease therapy. There will be greater emphasis on extra-cardiac intervention; neurovascular intervention; congestive heart failure; women's healthcare issues; the bridge between endovascular surgery and catheter-based treatments; new cardiac and vascular surgical modalities; and growing fields of special interest, such as radiation vascular therapy, direct (laser) myocardial revascularization, and distal embolic protection devices.

More than ever, we recognize the need for an enhanced understanding of basic science issues that have already importantly affected clinical practice. In response, we have considerably increased topic coverage relating to molecular and vascular biology, including gene therapy approaches to reduce restenosis and promote angiogenesis. Also, we have enlisted the support of a remarkably talented faculty who will provide guidance and insight regarding scientific content of the meeting.

We are confident that TCT 2000 will satisfy our ambitious educational objectives and will appeal to a broad cross-section of healthcare professionals interested in the dynamic field of interventional cardiovascular medicine.

Opening-Day Minicourses

WEDNESDAY, OCTOBER 18, 2000
8:00 am - 5:00 pm



Opening-day minicourses are designed to provide the attendee with an in-depth knowledge and appreciation of a specific subspecialty within interventional cardiology. The format of each will consist of a combination of video case presentations, didactic lectures, interactive roundtable panel discussions, and workshops. Audience participation, including the opportunity to present challenging cases to the faculty, will be highly encouraged.

1) Harmonizing Mechanical and Pharmacologic Approaches to Acute Ischemic Syndromes

Ruptured atherosclerotic plaque with superimposed platelet and fibrin-rich thrombus underlies all acute coronary syndromes, underscoring the need for an approach combining pharmacologic plaque passivation with mechanical revascularization. This one-day course will feature the world's leading experts in the care and treatment of patients with unstable angina, non-Q-wave myocardial infarction, and evolving transmural MI, and will highlight:

- * Recent breakthroughs in antiplatelet and antithrombotic medications and their use in angioplasty and stenting
- * New mechanical solutions for the unstable lesion, including novel thrombectomy systems, and emboli filters
- * The expert approach to primary PTCA and stenting in acute myocardial infarction

2) The Molecular Cardiology Symposium: Principles, Targets, and Therapeutic Interventions

Molecular cardiology embodies a rapidly expanding new subspecialty with potential application in vast numbers of otherwise untreatable patients with extensive coronary and peripheral arterial disease, as well as myocardial dysfunction. This one-day course will be presented by the world's authorities in this emerging field and will review:

- * Fundamentals of molecular biology, including basic science principles, animal models, and human studies
- * Protein and gene therapy-induced angiogenesis, and cell-implant gene therapies for congestive heart failure, including direct myocardial injection
- * Emerging molecular solutions to restenosis, the potential role of local drug delivery, and intrapericardial therapeutics

3) Radiation Vascular Therapy for the Interventionalist

The proven efficacy of intravascular brachytherapy in inhibiting neointimal proliferation is making possible the successful treatment of patients with coronary and peripheral arterial disease in whom recurrent restenosis might otherwise be unavoidable. This one-day course for the interventional cardiologist and radiologist will discuss:

- * Principles of vascular brachytherapy and recent late-breaking clinical trials
- * Establishment of a vascular brachytherapy center
- * Basic radiation biology and physics
- * Radiation systems presently in clinical use
- * FDA regulatory and device approval issues

Peripheral Vascular Intervention: From Diagnosis to Intervention

With the advent of new catheter-based systems and techniques, an increasingly broad range of patients may benefit from peripheral vascular intervention. This one-day symposium will present the "global" approach to the patient with atherosclerotic disease and will incorporate in-depth review of:

- * Clinical syndromes; interventional techniques and devices; clinical trial results; utility of screening; and the appropriate use of medical therapy and surgery
- * Treatment of aortic and renovascular disease, and iliac, femoral, and lower extremity intervention
- * Management of subclavian artery stenosis and the approach to neurovascular disease
- * Emerging treatment modalities, including carotid stent-supported angioplasty; abdominal aortic stent-grafts; vascular brachytherapy; and therapeutic angiogenesis

Advanced Endovascular Therapies: Carotid Stent-Supported

Angioplasty (CSSA) and Endoluminal Aortic Aneurysm Stent-Grafts

Designed for the specialist interested in advanced endovascular therapies, this one-day symposium will be organized into two half-day (4 hours each) in-depth sessions examining carotid vascular therapeutic strategies, and aortic, both thoracic and abdominal aneurysm stent-graft techniques. This minicourse will give participants a working knowledge of:

- * Neurovascular anatomy, surgical endarterectomy, and stent-supported carotid angioplasty
- * Distal protection devices, avoidance and management of complications, and acute stroke intervention
- * Complex cases and details of patient-care algorithms, including methods for data collection and appropriate follow-up
- * Clinical syndromes and existing therapeutic alternatives in patients with thoracic or abdominal aortic aneurysms
- * Specific devices and endoluminal techniques associated with the therapeutic use of catheter-based aortic aneurysm stent-grafts

The Imaging Symposium: From Morphologic Characterization to Physiologic Assessment

Developed specifically for practicing interventionalists who require further training and updates in important adjunct diagnostic technologies, including intravascular ultrasound (IVUS) and physiologic lesion assessment with flow and pressure wires. This minicourse will provide participants with a complete understanding of:

- * Morphologic lesion characterization and interpretation using IVUS techniques
- * Differences among the various IVUS devices and image acquisition requirements
- * Diagnostic utility of IVUS to assist with optimal coronary interventional therapeutics
- * Specific coronary physiology issues underlying the use of flow and pressure wires to assess lesion severity and the adequacy of interventional therapies
- * Case-based examples of the use of coronary flow/pressure wires to impact interventional decision-making

The Cardiovascular Nurse and Technologist Symposium

WEDNESDAY, OCTOBER 18, 2000

8:00 am - 5:00 pm

Emphasizing issues most relevant to the cardiovascular nurse and technologist, this one-day seminar will provide a comprehensive update on the latest advances in interventional transcatheter therapeutics and pharmacologic therapy and will highlight:

- * New treatments for acute ischemic syndromes and myocardial infarction
- * The latest interventional catheter-based systems, including stents and atheroablative technologies
- * Important adjunctive diagnostic modalities, including intravascular ultrasound and physiologic lesion assessment with coronary flow and pressure wires
- * Adjunctive pharmacologic agents, covering the explosive growth in the fields of IIb/IIIa receptor blockers and other new potent antiplatelet and antithrombotic agents
- * Advances in hemodynamic support and wound-closure devices
- * Recognition and management of interventional complications
- * Emerging investigational modalities, including therapeutic angiogenesis, via laser and gene therapy; vascular radiation therapy; and distal embolic protection devices

Scientific Abstracts

WEDNESDAY, OCTOBER 18, 2000
3:00 am - 5:00 pm

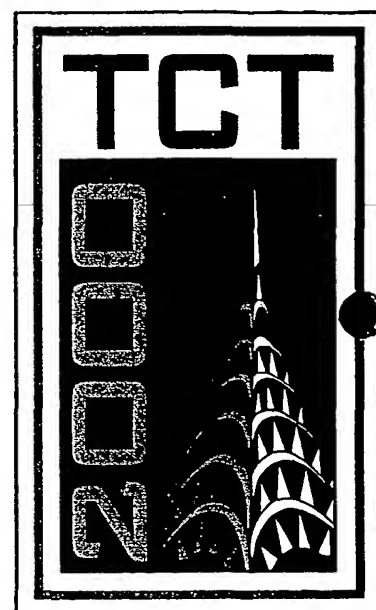
A longstanding component of TCT, the scientific abstracts represent a vital effort to provide visibility to the most current basic science and clinical investigations pertaining to topics in the field of interventional vascular medicine.

- * Contributions will be worldwide; submissions from international colleagues are especially encouraged
- * Approximately 100 best oral abstracts and 200 posters will be selected for presentation by a panel of graders consisting of members of the Society of Coronary Angiography & Interventions (SCA&I)
- * Abstracts will be published and distributed in print and electronic formats

Please note that the
TCT 2000 Abstract
Deadline is Friday,
July 14, 2000

Self-Assessment Course

TUESDAY & WEDNESDAY, OCTOBER 17 - 18, 2000
7:30 am - 7:00 pm



3rd Annual Interventional Cardiology Self-Assessment Course

This two-day course, taught by a panel of international authorities, will serve as a comprehensive review for the interventional cardiologist by encompassing a broad scope of preclinical and clinical catheter-based revascularization topics, highlighting interrelated fields relevant to the practicing physician. This special TCT event is designed specifically for physicians preparing for the interventional cardiology boards, or those desiring an up-to-date refresher course.

Format: Didactic sessions with an emphasis on evidence-based medicine from randomized trials, clinical case scenarios, image interpretation, video case presentations, and breakout workshops. All main sections of the course will conclude with a review session of multiple-choice and single-best-answer questions incorporating an interactive audience response system affording immediate scoring and confidential self-assessment. New for TCT 2000—a representative board-style examination upon completion of the course, allowing confidential relative peer ranking.

Topics covered at the Self-Assessment Course will include:

- * Basic science (e.g., vascular biology and atherosclerosis; restenosis; cardiac anatomy; hematology)
- * Catheterization laboratory basics, including radiation biology and physics; dosimetry; and radiation risks and safety considerations
- * Angioplasty indications, complications, and outcomes, including comparison with medical and surgical options
- * Angioplasty equipment selection and techniques (e.g., guidewires, guide catheters, balloon materials, and sizing)
- * New-device angioplasty (e.g., stents, laser, atherectomy); indications; equipment selection; and technique and outcomes
- * Application of mechanical reperfusion therapy in acute myocardial infarction (in patients with and without thrombolytic therapy)
- * Complex angioplasty (lesion-specific and patient-specific approaches)
- * Interventional pharmacology (e.g., IIb/IIIa inhibitors; ADP antagonists; direct antithrombins; low-molecular-weight heparins; thrombolytic therapy; anticoagulants; contrast agents; vasopressors)
- * Hemodynamic support devices and management of cardiogenic shock
- * Present-day indications for, and techniques of, mitral, aortic, and pulmonary valvuloplasty
- * Interventional management of adult congenital heart disease
- * Imaging modalities and physiologic lesion evaluation in the catheterization laboratory (e.g., quantitative coronary angiography; intravascular ultrasound; angioscopy; and Doppler and pressure-wire lesion assessment)
- * Vascular access approaches, complications, and wound-closure devices
- * Cost-effectiveness considerations in invasive and interventional cardiology

The majority of the Self-Assessment Course will be held before the opening of the plenary sessions, allowing attendees full access to TCT 2000.

Separate registration is required for this course, with attendance limited to the first 750 participants.

Self-Assessment

TUESDAY - WEDNESDAY, OCTOBER 17-18, 2000

TUESDAY, OCTOBER 17, 2000

Basic Science for the Interventional Cardiologist

- * Principles of Atherogenesis
 - * Restenosis: Evolving Concepts
 - * Hematology for the Cardiologist
 - * Statistics, Epidemiology, Trial Design, and Economics
- Basic Science—Multiple Choice Questions and Answers

Central Concepts of Cardiac Catheterization

- * Radiation Principles and Safety
 - * Coronary Anatomy and Physiology
 - * Contrast Agents
- Catheterization Laboratory Basics—Multiple Choice Questions and Answers

Percutaneous Coronary Intervention I: Indications and Techniques

- * Indications and Outcomes of PCI in Chronic CAD
 - * The Approach to Acute Coronary Syndromes
 - * Percutaneous Intervention: Clinical Considerations and High Risk Patients
 - * Lesion Specific Percutaneous Intervention Considerations
- PCI Indications and Techniques—Multiple Choice Questions and Answers

Percutaneous Coronary Intervention II: Techniques and Complications

- * Percutaneous Intervention Techniques
 - * Prevention and Management of Complications I
 - * Prevention and Management of Complications II
 - * Vascular Access and Complications in the PCI Patient
- Vascular and Percutaneous Intervention Complications—Multiple Choice Questions and Answers

Percutaneous Interventions in Acute Myocardial Infarction

- * Primary Mechanical Reperfusion in Acute MI
 - * PTCA After Thrombolytic Therapy
 - * Cardiogenic Shock and Hemodynamic Support
- Percutaneous Intervention in AMI—Multiple Choice Questions and Answers

Course Agenda

2000 7:30 am - 7:00 pm

WEDNESDAY, OCTOBER 18, 2000

Interventional Pharmacology and Acute Ischemic Syndromes

- * Aspirin and Thienopyridines
- * GP IIb/IIIa Receptor Antagonists I
- * GP IIb/IIIa Receptor Antagonists II
- * Heparin, LMW Heparins, Heparinoids and Antithrombins
- * Other Pharmacological Agents
- Pharmacology and ACS—Multiple Choice Questions and Answers

New Device Angioplasty: Part I

- * Beyond Balloon Angioplasty: Patient and Lesion Specific Considerations for New Device Selection
- * Directional Coronary Atherectomy
- * Current Status of Rotational Atherectomy
- * Excimer Laser Coronary Angioplasty
- * Thrombectomy Devices
- Devices I—Multiple Choice Questions and Answers

New Device Angioplasty: Part II

- * Coronary Stenting I
- * Coronary Stenting II
- * In-Stent Restenosis
- * Saphenous Vein Graft Interventions
- * Valvuloplasty
- Devices II—Multiple Choice Questions and Answers

Imaging Modalities and Other

- * Angiographic artifacts and predictors of adverse events
- * IVUS Interpretation: The Basics
- * IVUS Applications During Percutaneous Intervention
- * Physiologic Lesion Assessment, Doppler and Pressure
- * Interventional Approaches to Congenital Heart Disease in the Adult
- Imaging and Other—Multiple Choice Questions and Answers

SATURDAY, OCTOBER 21, 2000

Interventional Cardiology Pre-Test—"The Final Exam"
(Optional: For Self-Assessment Registrants Only)

Plenary

THURSDAY - SATURDAY

THURSDAY, OCTOBER 19, 2000

PLENARY SESSION #1

TCT: Beyond the Millennium

- * TCT 2000: Responding to the 21st Century
- * The TCT Phenomenon: Past and Future Challenges for the Endovascular Therapist (Video Presentation)

PLENARY SESSION #2

"Medical" Intervention in the New Device Era: The Cycle Complete?

- * Statins— The Next "Wonder" Drugs: Atherosclerosis Regression, Plaque Stabilization, and Improved Clinical Outcomes
- * Medical Practice After HOPE: Selective vs. Universal Treatment with Converting Enzyme Inhibitors in Patients with Vascular Disease
- * The Appropriate Use of "New Age" Antiplatelet Agents: Advanced Treatment Paradigms Incorporating Thienopyridines and IIb/IIIa Glycoprotein Inhibitors
- * **CONTROVERSY**—The Interventionalist's Response: Tempering the "Medical" Therapy Onslaught with Evidence-Based Coronary Revascularization
- * Can the Diabetic Spiral be Arrested? Integrating Angioplasty, Stenting, Surgery and Tight Glycemic Control into a Comprehensive Risk Reduction Program

PLENARY SESSION #3

Atherosclerosis and Molecular Cardiology

- * **FEATURED PRESENTATION**—New Concepts in Atherosclerosis: Pathogenetic Mechanisms and Clinical Implications of Infection and Inflammation
- * Molecular Cardiology for the "Clinician": Concepts, Semantics, and Clinical Applications—Hope or Hype?
- * Current and Future Molecular Biology Approaches to Solve the Enigma of Post-Angioplasty Restenosis

PLENARY SESSION #4

Late-Breaking Interventional Clinical Trials (1)

- * Including "first time" presented data from important interventional clinical trials in the areas of acute ischemic syndromes, adjunctive pharmacology (e.g. IIb/IIIa inhibitors), coronary stents, vascular brachytherapy, intravascular ultrasound/lesion physiology, extra-cardiac endoluminal intervention, angiogenesis/DMR, cardiovascular surgery, and distal protection devices.

essions

OBER 19 - 21, 2000

ENARY SESSION #5

Intra-Myocardial Revascularization Strategies (Angiogenesis and Direct Myocardial Revascularization)

- * **CONTROVERSY**—The Use (and Abuse) of Direct Myocardial Revascularization (DMR)—Laser or Otherwise—to Treat Myocardial Ischemia
 - I. Current Surgical Practice Standards
 - II. Present Status and Future of Percutaneous Approaches
- * **POINT-COUNTERPOINT**—Will Angiogenesis Strategies be a Useful Clinical Tool in Patients with Refractory Ischemic Vascular Disease?
 - PRO - A Plethora of Experimental Data and Encouraging Early Clinical Results
 - CON - Conflicting Data, Premature Clinical Enthusiasm, and Sobering Practical Considerations

ENARY SESSION #6

Novel Anti-Restenosis Therapies: Is "Energy" the Answer?

- I. Photo-Angioplasty Using Antrin: Plaque Sensitization + Phototherapy (red light)
- II. Ultrasonic Angioplasty: The Healing Power of Sound
- III. Cryo-Angioplasty: "Freezing" the Restenosis Process

FRIDAY, OCTOBER 20, 2000

ENARY SESSION #7

Innovations in Cardiovascular Surgery

- * **FEATURED LECTURE**—The Dramatic Emergence of "Beating Heart" Surgery: Paving the Way to Totally Endoscopic Robotic Cardiac Surgical Procedures
- * Surgical Therapies for the "Failing" Heart: New Devices and Concepts to Expand the Armamentarium

ENARY SESSION #8

Endovascular Prosthetic Devices (Stents)

- * Emerging Clinical Indications for Coronary Stenting—Left Main Disease, Bifurcation Lesions, Small Vessels, and Diffuse Disease—A Bridge Too Far?
- * Integrating Changes in Coronary Stent Operator Techniques: High vs. Moderate Pressure Dilatations, Debulking, Provisional Stenting, and Direct Stenting
- * Progress in the Approach to In-Stent Restenosis: Epidemiology, Pathobiology, Diagnosis, Therapy and Future Innovative Approaches
- * **CONTROVERSY**—Can Aggressive Stenting Compare Favorably with Surgical Revascularization in Patients with Multivessel Disease?
- * **FEATURED PRESENTATIONS**—The Era of "Smart" Stents will Revolutionize Coronary Intervention:
 - I. "Passive" Thromboresistant Coatings (heparin, phosphorycholine, carbon, silicon carbide, others)
 - II. "Active" Anti-Proliferative Drug Platforms (taxol and taxine derivatives, rapamycin, NO donors, others)
 - III. Endoluminal Stent Grafts
 - IV. Biodegradable Stents

Plenary Sessions, Friday, October 20, 2000 continued

PLENARY SESSION #9

Late-Breaking Interventional Clinical Trials (2)

- * Including "first-time" presented data from important interventional clinical trials in the areas of acute ischemic syndromes, adjunctive pharmacology (e.g. IIb/IIIa inhibitors), coronary stents, vascular brachytherapy, intravascular ultrasound/lesion physiology, extra-cardiac endoluminal intervention, angiogenesis/DMR, cardiovascular surgery, and distal protection devices.

PLENARY SESSION #10

Adjunctive Anti-Platelet and Anti-Thrombotic Pharmacology

- * **FEATURED PRESENTATION**—Understanding the Differences Among IIb/IIIa Platelet Inhibitors: A "Class Effect" or Drug-Specific Properties
- * *Harmonizing Pharmacologic and Mechanical Treatment Strategies in . . .*
 - I. Acute Ischemic Syndromes (unstable angina and peri-infarction states)
 - II. Acute Myocardial Infarction

THE ISSUES

 - a) aggressive vs. conservative approaches
 - b) choice and timing of pharmacology (thienopyridines, IIb/IIIa platelet inhibitors, LMW heparins, thrombolytics, etc.)
 - c) new agents/devices on the horizon

PLENARY SESSION #11

TCT Career Achievement Award 2000

PLENARY SESSION #12

Carotid Stent Supported Angioplasty

- * **CONTROVERSY**—The Potential Impact of Carotid Stent Supported Angioplasty on the Treatment of Carotid Bifurcation Disease
 - I. Surgical Perspectives
 - II. Interventional Viewpoint
 - III. The Role of Distal Protection

SATURDAY, OCTOBER 21, 2000

PLENARY SESSION #13

Vascular Brachytherapy

- * The Vascular Brachytherapy "Device Parade"—Radiation Sources, Dosimetry Issues, Delivery Systems, and Logistic Concerns
- * Reviewing the Vascular Brachytherapy Clinical Data: Trials Update and Clinical Indications
- * **POINT-COUNTERPOINT**—Vascular Brachytherapy Represents the Next "Big Breakthrough"
- * Anti-Restenosis Therapy
 - PRO - Widespread Clinical Applications
 - CON - Limited Use in Special "Niche-Only" Situations

LENARY SESSION #14

Cardiovascular Imaging and Physiologic Lesion Assessment

- * **CONTROVERSY**—The Appropriate Role of Intravascular Ultrasound (IVUS) and Coronary Physiologic Lesion Assessment (FFR/CFR) During Interventional Coronary Procedures
- * The Multivaried Use of Magnetic Resonance Imaging in Cardiovascular Disease: Assessing Anatomy, Function, and Perfusion

LENARY SESSION #15

"Special" Patient Cohorts: Women and the Elderly

- * Coping with an Aging Population: Understanding Geriatric Pathobiology, Reviewing Interventional Outcomes and Proposed Treatment Paradigms
- * Neglect, Denial and Confusion: Recognizing and Rectifying Suboptimal Care Patterns for Women with Cardiovascular Disease

LENARY SESSION #16

Extra-Cardiac Vascular Intervention

- * **FEATURED PRESENTATION**—Endoluminal Stent Grafts for Exclusion of Abdominal and Thoracic Aortic Aneurysms: Devices, Clinical Experiences, Pitfalls, and Future Promise
- * Interventional Therapies for Renovascular Disease: Rationale, Techniques, Clinical Results, and Future Enhancements

LENARY SESSION #17

Futuristic Milieu Changes: Information Systems and Cath Lab Enhancements

- * Harnessing the Power of the Internet: Databases, Web Sites, Education, Training, and Restructuring Clinical Practice Concepts
- * Cath Lab of the Future: Hardware, Software, 3D Platforms, Telemanipulation, and Beyond

LENARY SESSION #18

Miscellaneous Advanced Interventional Therapies and Innovative "Hot" Topics

- * The Rapid Integration of Trans-Radial Catheterization Techniques: Global vs. Selective Use Patterns
- * In Situ Non-Surgical Coronary Artery Bypass Modalities: Anatomic Approaches, Technical Challenges, and Projected Clinical Applications
- * Anatomic Closure of PFO's for Stroke Prevention: Patient Screening, Practical Start-Up Issues, Training, and Clinical Results
- * The Exploding Field of Distal Embolic Protection Devices: Underlying Rationale, Methodology Overview, and Preliminary Clinical Results
- * Non-Surgical Septal Reduction Procedures for Obstructive Hypertrophic Cardiomyopathy
- * "Cutting" Balloon Atherotomy + Angioplasty: New Clinical Trial Results and Shifting Anatomic Indications
- * The Broad Spectrum of New and Improved Coronary Atherectomy Devices: A Return to Primary and/or Adjunctive Debulking?
- * Innovative Techniques and Devices to Facilitate Treatment of Chronic Total Coronary Occlusions—The Last Frontier
- * The Re-emergence of Vascular Closure Devices: Improved Technology and Rapid Clinical Acceptance

Day at a Glance

THURSDAY, OCTOBER 19, 2000

MAIN ARENA

CONCURRENT SESSIONS

7:30	PLENARY SESSION #1	
	TCT: Beyond the Millennium	
8:00	LIVE CASE DEMONSTRATIONS #1A	
	1) Lenox Hill Hospital, New York City Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues	
	2) Colombus Hospital, Milan, ITALY Coordinated by: Antonio Colombo, MD; Carlo Di Mario, MD and Colleagues	
9:00	3) Shaare Zedek Medical Center, Jerusalem, ISRAEL Coordinated by: Yaron Almagor, MD and Colleagues	
10:00	PLENARY SESSION #2	CONCURRENT SESSIONS #1 - 5
	"Medical" Intervention: The Cycle Complete?	10:00 am - 12:30 pm
11:00	PLENARY SESSION #3	1) Point/Counterpoint I: Controversies in Coronary Intervention
	Atherosclerosis and Molecular Cardiology	2) Coronary Stents I: New Stent Designs
Noon	LIVE CASE DEMONSTRATIONS #2A	3) Peripheral Intervention I: Diagnosis and Management of Iliac and Infra-Iguinal Disease
	1) Lenox Hill Hospital, New York City Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues	4) Interventional Pharmacology I: Anti-Restenosis Therapies (Local and Systemic)
12:30	2) Colombus Hospital, Milan, ITALY Coordinated by: Antonio Colombo, MD; Carlo Di Mario, MD and Colleagues	5) The Women's Cardiovascular Healthcare Initiative: Socio-medical Issues, Clinical Trials, and Future Directions
1:00	3) Shaare Zedek Medical Center, Jerusalem, ISRAEL Coordinated by: Yaron Almagor, MD and Colleagues	
	4) William Beaumont Hospital, Royal Oak, Michigan Coordinated by: William O'Neill, MD; Cindy Grines, MD; Robert Safian, MD and Colleagues	
1:30	PLENARY SESSION #4	
2:00	Late-Breaking Interventional Clinical Trials	
3:00	LIVE CASE DEMONSTRATIONS #3A	CONCURRENT SESSIONS #6 - 10
	1) Lenox Hill Hospital, New York City Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues	3:00 pm - 5:30 pm
4:00	2) William Beaumont Hospital, Royal Oak, Michigan Coordinated by: William O'Neill, MD; Robert Safian, MD; Cindy Grines, MD and Colleagues	6) Point/Counterpoint II: Controversies in Extra-Cardiac Intervention
	3) Miami Heart and Vascular Institute, Miami, Florida Coordinated by: Barry Katzen, MD and Colleagues	7) Coronary Stents II: Complex Lesion Subsets
5:00	PLENARY SESSION #5	8) Peripheral Intervention II: Diagnosis and Management of Aortic and Renal Disease
	Intra-myocardial Revascularization Strategies	9) Interventional Pharmacology II: Angiplatelet and Antithrombotic Agents
6:00	PLENARY SESSION #6	10) Vascular Access and Wound Closure Technologies (sponsored by SCA&I)
	Novel Anti-restenosis Therapies: Is "Energy" the Answer?	
6:30		

BREAKOUT SESSIONS

CLINICAL THEATER

Advanced Coronary Intervention

	CORONARY STATE OF THE ART #1	8:00
	1) PTCA vs. CABG vs. Medical Therapy—Randomized Trials and Cost-Effectiveness Data 2) Coronary Stent Design Considerations 3) Interventional Pharmacology	
	LIVE CASE DEMONSTRATIONS #1C	9:00
	CORONARY INTERVENTION	10:00
	1) Colombus Hospital, Milan, ITALY Coordinated by: Antonio Colombo, MD; Carlo Di Mario, MD and Colleagues	
	2) Shaare Zedek Medical Center, Jerusalem, ISRAEL Coordinated by: Yaron Almagor, MD and Colleagues	11:00
	3) William Beaumont Hospital, Royal Oak, Michigan Coordinated by: William O'Neill, MD; Cindy Grines, MD; Robert Safian, MD and Colleagues	Noon

NIGHTTIME BREAKOUT SESSIONS #1-10

12:30 pm - 1:30 pm
 Chronic Infract Angioplasty and the Thrombus Containing Lesion
 Chronic Total Occlusions and Bifurcation Disease
 Implanted Left Main and Ostial Disease
 Arteriovenous Vein Graft Disease
 Management of In-Stent Restenosis
 Lesion-Specific Stenting: The Right Stent, The Right Approach
 Diffuse Disease and Small Vessels: Dilating, Debulking, and Renting
 Peripheral Intervention: Renovascular Disease and Aortic Lesions
 Peripheral Intervention: Iliac and Lower Extremity Angioplasty
 Preventing and Managing Cath Lab Complications

	LIVE CASE DEMONSTRATIONS #2C	12:30
	CORONARY INTERVENTION	1:00
	1) Lenox Hill Hospital, New York City Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues	
	2) William Beaumont, Royal Oak, Michigan Coordinated by: William O'Neill, MD; Cindy Grines, MD; Robert Safian, MD and Colleagues	1:30
	3) Miami Heart and Vascular Institute, Miami, Florida Coordinated by: Barry Katzen, MD and Colleagues	2:00
	CORONARY STATE OF THE ART #2	3:00
	5:00 pm - 6:00 pm	
	4) Approach to Chronic Total Occlusions	4:00
	5) Approach to Small Vessels and Diffuse Disease	5:00
	6) Approach to Left Main and Ostial Disease	6:00
		6:30

Day at a Glance

FRIDAY, OCTOBER 20, 2000

MAIN ARENA

CONCURRENT SESSIONS

LIVE CASE DEMONSTRATIONS #4A

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Clinique Pasteur, Toulouse, FRANCE
Coordinated by: Jean Marco, MD; Jean Fajadet, MD and Colleagues
- 3) Heart Center Hospital, Seigburg, GERMANY
Coordinated by: Eberhard Grube, MD and Colleagues

PLENARY SESSION #7

Innovations in Cardiovascular Surgery

PLENARY SESSION #8

Endovascular Prosthetic Devices (Stents)

LIVE CASE DEMONSTRATIONS #5A

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Clinique Pasteur, Toulouse, FRANCE
Coordinated by: Jean Marco, MD; Jean Fajadet, MD and Colleagues
- 3) Heart Center Hospital, Seigburg, GERMANY
Coordinated by: Eberhard Grube, MD and Colleagues
- 4) Mayo Clinic, Rochester, Minnesota
Coordinated by: David R. Holmes, Jr., MD; Kirk Garrett, MD and Colleagues

PLENARY SESSION #9

Late-Breaking Interventional Clinical Trials

LIVE CASE DEMONSTRATIONS #6A

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Mayo Clinic, Rochester, Minnesota
Coordinated by: David R. Holmes, Jr., MD; Kirk Garrett, MD and Colleagues
- 3) Arizona Heart Institute, Phoenix, Arizona
Coordinated by: Edward B. Diethrich, MD and Colleagues

PLENARY SESSIONS #10 - 12

Adjunctive Anti-Platelet and Anti-Thrombotic Pharmacology

The TCT Career Achievement Award

Carotid Stent-Supported Angioplasty

CONCURRENT SESSIONS #11 - 15

10:00 am - 12:30 pm

- 11) The FDA Town Hall Meeting I
- 12) Cardiovascular Surgery Seminar: Minimally Invasive Valvular Robotics Begin
- 13) Acute Ischemic Coronary Syndromes I: New Approaches to Unstable Angina and Non-Q-Wave MI
- 14) Clinical Interventional Cardiology I: From Screening to Stents and ACE Inhibitors (sponsored by SCA&I)
- 15) Radiation Vascular Therapies for Coronary and Peripheral Vascular Disease

CONCURRENT SESSIONS #16 - 20

3:00 pm - 5:30 pm

- 16) The FDA Town Hall Meeting II
- 17) Clinical Interventional Cardiology II: Managing the Diabetic Patient
- 18) Imaging in the Cath Lab (IVUS, Flow/Pressure): What you Must Know
- 19) Valvuloplasty and the Interventional Approach to Congenital Heart Disease (sponsored by SCA&I)
- 20) Angioplasty Guidelines: Training Considerations and Interventional Board Certification (sponsored by SCA&I)

GALA RECEPTION AT UNIOI

BREAKOUT SESSIONS

CLINICAL THEATER

CORONARY STATE OF THE ART #3

- 7) Approach to Degenerated Saphenous Vein Grafts
- 8) Approach to Bifurcated Lesions
- 9) Approach to In-Stent Restenosis

LIVE CASE DEMONSTRATIONS #3C

CORONARY INTERVENTION

- 1) Clinique Pasteur, Toulouse, FRANCE
Coordinated by: Jean Marco, MD; Jean Fajadet, MD and Colleagues
- 2) Heart Center Hospital, Seigburg, GERMANY
Coordinated by: Eberhard Grube, MD and Colleagues
- 3) Mayo Clinic, Rochester, Minnesota
Coordinated by: David R. Holmes, Jr., MD; Kirk Garrett, MD and Colleagues

LUNCHTIME BREAKOUT SESSIONS #11-20

12:30 pm - 1:30 pm

- (1) Acute Infarct Angioplasty and the Thrombus-Containing Lesion
- (2) Insights from Imaging, IVUS and Physiologic Lesion Assessment
- (3) The High-Risk Patient and the High-Risk Lesion
- (4) Saphenous Vein Graft Disease
- (5) Management of In-Stent Restenosis
- (6) Lesion-Specific Stenting: The Right Stent, The Right Approach
- (7) Diffuse Disease and Small Vessels: Dilating, Debulking, and Stenting
- (8) Peripheral Intervention I: Renovascular Disease and Aortic Lesions
- (9) Peripheral Intervention III: Carotid and Neurovascular Disease
- (10) Preventing and Managing Cath Lab Complications

LIVE CASE DEMONSTRATIONS #4C

CORONARY INTERVENTION

- 1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and Colleagues
- 2) Mayo Clinic, Rochester, Minnesota
Coordinated by: David R. Holmes, Jr., MD; Kirk Garrett, MD and Colleagues
- 3) Arizona Heart Institute, Phoenix, Arizona
Coordinated by: Edward B. Diethrich, MD and Colleagues

CORONARY STATE OF THE ART #4

5:00 pm - 6:00 pm

- 10) Strategies in Acute Myocardial Infarction
- 11) Utility of IVUS and Flow/Pressure Wires
- 12) Vascular Access and Wound-Closure Devices

SESSION 7:30 pm - 11:00 pm

Day at a Glance

SATURDAY, OCTOBER 21, 2000

MAIN ARENA

CONCURRENT SESSIONS

8:00

LIVE CASE DEMONSTRATIONS #7A

1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and
Colleagues

9:00

2) Asan Medical Center, Seoul, KOREA
Coordinated by: Sung-Jung Park, MD and Colleagues

3) The Rhode Island Hospital, Providence, Rhode Island
Coordinated by: David O. Williams, MD and Colleagues

9:00

PLENARY SESSIONS #13 - 15

Vascular Brachytherapy

10:00

Cardiovascular Imaging and Physiologic Lesion Assessment

"Special" Patient Cohorts: Diabetics and Women

Noon

LIVE CASE DEMONSTRATIONS #8A

2:30

1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and
Colleagues

1:00

2) The Rhode Island Hospital, Providence, Rhode Island
Coordinated by: David O. Williams, MD and Colleagues

1:30

3) Stanford University Medical Center, Stanford, California
Coordinated by: Alan Yeung, MD and Colleagues

2:00

PLENARY SESSIONS #16 - 17

Extra-Cardiac Vascular Intervention

Futuristic Changes: Information Systems and
Cath Lab Enhancements

3:00

LIVE CASE DEMONSTRATIONS #9A

4:00

1) Lenox Hill Hospital, New York City
Coordinated by: Jeffrey W. Moses, MD; Gary S. Roubin, MD, PhD and
Colleagues

2) The Rhode Island Hospital, Providence, Rhode Island
Coordinated by: David O. Williams, MD and Colleagues

5:00

3) Stanford University Medical Center, Stanford, California
Coordinated by: Alan Yeung, MD and Colleagues

PLENARY SESSION #18

6:00

Miscellaneous Advanced Interventional
Therapies and Innovative "Hot" Topics

6:30

CONCURRENT SESSIONS #21 - 25

10:00 am - 12:30 pm

21) Direct Myocardial Revascularization and Angiogenesis for
End-Stage Ischemic Vascular Disease

22) "Hot" Interventional Topics from the Asian Pacific Rim

23) New Directions: Distal Embolic Protection and
Device Therapy for Congestive Heart Failure

24) SOLACE at ICT-2000

25) PTCA and Miscellaneous Topics

CONCURRENT SESSIONS #26 - 30

3:00 pm - 5:30 pm

26) Acute Ischemic Coronary Syndromes II: New Directions in Acute
Myocardial Infarction

27) Atheroablative Techniques (Lasers and Atherectomy) and
Thrombectomy: Consensus Applications and Novel Devices

28) New Interventional Breakthroughs from Europe

29) Clinical Trial Design and Interpretation and Cost-Effectiveness
Issues in Interventional Vascular Therapy

30) The "Final Exam": Multiple-Choice Questions from the ICT
Self-Assessment Course (For Self-Assessment Registrants Only)

BREAKOUT SESSIONS

CLINICAL THEATER

PERIPHERAL STATE OF THE ART #1

- 1) Approach to the Iliac Lesion
- 2) Approach to Femoral and Lower Extremity Lesions
- 3) Approach to Renovascular and Aortic Disease
- 4) Approach to Carotid and Neurovascular Disease

LIVE CASE DEMONSTRATIONS #5C

PERIPHERAL VASCULAR INTERVENTION

- 1) Lenox Hill Hospital, New York City
Coordinated by Jeffrey H. Moses, MD, Gary S. Roubin, MD, PhD and Colleagues
- 2) Asan Medical Center, Seoul, KOREA
Coordinated by Sung-Jung Park, MD and Colleagues
- 3) Stanford University Medical Center, Stanford, California
Coordinated by Alan Young, MD and Colleagues

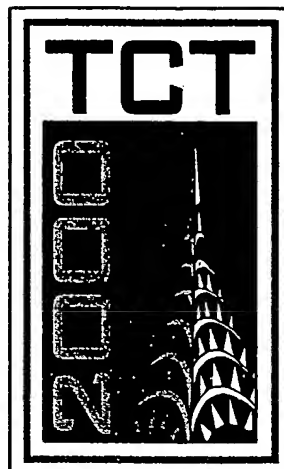
NIGHTTIME BREAKOUT SESSIONS #21-30

12:30 pm - 1:30 pm

Acute In-stent Angioplasty and the Thrombus-Containing Lesion: Insights from Imaging, IVUS and Physiologic Lesion Assessment
The High-Risk Patient and Lesion
Chronic Total Occlusions and Bifurcation Disease
Unprotected Left Main and Ostial Disease
Lesion-Specific Stenting: The Right Stent, the Right Approach
Diffuse Disease and Small Vessels: Dilating, Debulking, and Stenting
Peripheral Intervention II: Iliac and Lower Extremity Angioplasty
Peripheral Intervention III: Carotid and Neurovascular Diseases
Preventing and Managing Cath Lab Complications

How-To Operator Workshops

SUNDAY, OCTOBER 22, 2000
8:00 am - 12:00 pm



- 1) **Starting a Radiation Vascular Therapy Program**
In-depth coverage of the key concepts, personnel, and logistics required to initiate a vascular brachytherapy program (including a hands-on workshop of investigational systems currently in use).
- 2) **Starting a Peripheral Vascular Intervention Program**
Review of the essentials necessary to perform percutaneous peripheral intervention (iliofemoral; lower extremity; renovascular; and neurovascular), including vascular laboratory considerations, equipment, and personnel responsibilities.
- 3) **Technique and Approach of Transradial Angiography and Intervention**
Detailed overview of the results, benefits, and technique of radial artery access, taught by the originators of this increasingly popular approach.
- 4) **Advanced Stent Techniques: How to "Choose and Use" the Right Stent**
"No-holds barred," honest review of stent design considerations, emphasizing the similarities and differences between presently available stents, with detailed coverage of advanced stent techniques (bifurcations, small vessels, vein graft approaches, etc.) and complications management.
- 5) **IVUS, Doppler FloWire, and Pressure Wire Interpretation Workshop: A Practical User's Guide**
Intimate and highly interactive workshop in which the participant will learn basic and advanced cath lab applications of IVUS and physiologic lesion assessment to optimize patient outcomes.
- 6) **Carotid Stent Training: Preparing for the Future**
In preparation for the large randomized trials of carotid stenting versus surgical endarterectomy on the horizon, an essential primer for the interventionalist on how to establish a percutaneous carotid angioplasty program, including review of tips and techniques for procedural and clinical success.
- 7) **Direct Myocardial Revascularization and Electromechanical Mapping Techniques**
Review of the methods and outcomes of percutaneous myocardial revascularization, a new technique offering tremendous promise for the treatment of patients with otherwise nonrevascularizable coronary artery disease, with particular focus on the range of systems presently undergoing investigational study. Also, the exciting new diagnostic and guidance modality—LV electromechanical mapping—will be discussed and reviewed in detail by experts in the field.
- 8) **Non-Surgical Septal Ablation Techniques for Obstructive Hypertrophic Cardiomyopathy**
Comprehensive coverage of the methodology and results of percutaneous alcohol infusion for septal ablation—an exciting new option for primary treatment of patients with hypertrophic cardiomyopathy.
- 9) **How to Effectively Incorporate Rotational Atherectomy into Day-to-Day Practice**
Overview of the most technically challenging yet indispensable procedure in interventional cardiology for the advanced operator—rotational atherectomy, including contemporary modifications in technique and device design to maximize success and avoid complications, applying recent lessons from experimental and randomized trials.
- 10) **Distal Embolic Protection Devices—Improving Safety and Expanding Clinical Applications**
Update and overview of the exciting new field of embolic protection devices and their impact on interventional therapeutic Device designs, operator techniques, and case reviews will be discussed for the multiple new distal occlusion devices and filters which are being clinically applied as an adjunct to interventional procedures in saphenous vein grafts; carotid arteries; acute myocardial infarction syndromes; and renovascular disease.

CME Accreditation

The Cardiovascular Research Foundation is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

Designation

The Cardiovascular Research Foundation designates this continuing medical education activity for up to 66 credit hours in Category I of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours that he/she actually spent in the educational activity.

- 2-day Self Assessment Minicourse: 21 hours
- 1-day Minicourses: 8 hours each course
- TCT 2000: 33 hours
- How-To Operator Workshops (half-day): 4 hours

Disclosure Policy

It is the policy of the Cardiovascular Research Foundation to ensure balance, independence, objectivity, and scientific rigor in all its sponsored educational programs. All faculty participating in continuing medical education activities sponsored by the Cardiovascular Research Foundation are required to disclose to the program audience any real or apparent conflict of interest related to the content of their presentations. Faculty not complying with this policy will not be permitted to participate in TCT 2000.

Cancellation Policy

Cancellations received in writing by September 1, 2000 will be refunded less a \$100 administrative fee. Cancellations received in writing between September 1 and October 1, 2000 will be subject to a 50% penalty. No refunds will be given after October 1, 2000.

CRF Travel is happy to assist with all your travel needs. For ticket information and pricing, please contact Nury Scala, Travel Manager via e-mail at nscala@compuserve.com, Fax 1-212-434-6356 or telephone at 1-888-469-0273 or 1-212-434-6369.

Airline Travel

The Cardiovascular Research Foundation is pleased to introduce CRF Travel LLC, a full service travel agency designed to provide reliable, cost-effective and efficient travel service. CRF Travel offers an extensive range of services including:

- * Domestic and international flight reservations
- * Low airfares worldwide
- * Car rentals
- * Ground transportation
- * On-line booking

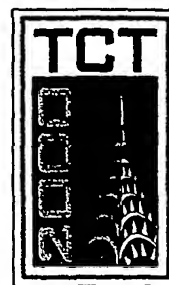
CRF Travel has one goal: to make your travel to and from TCT, and other CRF sponsored meetings, as simple and as cost-effective as possible. We have contracted with numerous national and international carriers in an effort to provide the lowest possible airfares for TCT attendees worldwide.

Whether your travels originate in the US, Europe, Bermuda, Canada, the Caribbean, Mexico, South America, or Asia, be sure to contact CRF Travel. Discounts are valid from October 15 to 25 for travel to Washington, DC (Reagan and Dulles Airports) as well as Baltimore, MD.

CRF Travel is happy to assist with all your travel needs. For ticket reservations, information, and pricing, please contact:

Nury Scala, Travel Manager via e-mail at nscala@compuserve.com, Fax 1-212-434-6356 or telephone at 1-888-469-0273 or 1-212-434-6369.

TCT 2000 Invited Faculty



COURSE DIRECTOR

Martin B. Leon, MD
Gregg W. Stone, MD

COURSE CO-DIRECTORS

Michael B. Collins, MD
Antonio Colombo, MD
Mark W. Connolly, MD
George D. Dangas, MD
Sriram S. Iyer, MD
Alexandra J. Lansky, MD
Roxana Mehran, MD
Jeffrey W. Moses, MD
Issam Moussa, MD
Gary S. Roubin, MD, PhD
Valavanur A. Subramanian, MD
Paul S. Teirstein, MD
Jiri J. Vitek, MD

INTERNATIONAL FACULTY

Alexandre Abizaid, MD
Institute Dante Pazzanese of Cardiology
Sao Paulo, BRAZIL

Andrea Abizaid, MD
Institute Dante Pazzanese of Cardiology
Sao Paulo, BRAZIL

Yaron Almogor, MD
Shaare Zedek Medical Center
Jerusalem, ISRAEL

Max Amor, MD
Polyclinique, Essey-les-Nancy
Essey-les-Nancy, FRANCE

Antonio L. Bartorelli, MD
Institute of Cardiology—
University of Milan
Milan, ITALY

Jorge Belardi, MD
Instituto Cardiovascular de
Buenos Aires
Buenos Aires, ARGENTINA

Shlomo Ben-Haim, MD
Technion-Israel Institute of Technology
Haifa, ISRAEL

Michel Bertrand, MD
Hopital Cardiologique
Lille, FRANCE

Rafael Beyar, MD
Technion-Israel Institute of Technology
Haifa, ISRAEL

Giancarlo Biamino, MD
Center for Cardiology and Vascular
Intervention
Hamburg, GERMANY

Luc Bilodeau, MD
Montreal Heart Institute
Montreal, Quebec, CANADA

Raoul Bonan, MD
Montreal Heart Institute
Montreal, Quebec, CANADA

J.J.R.M. (Hans) Bonnier, MD
Catharina Hospital
Eindhoven, THE NETHERLANDS

Martin M. Brown, MD
Institute of Neurology
London, England, UNITED KINGDOM

Jacques Busquet, MD
Clinique Chirurgicale - Bel Air
Bordeaux, FRANCE

Edoardo Camenzind, MD
University Hospital Geneva
Geneva, SWITZERLAND

Alain Carpentier, MD, PhD
Hopital Broussais
Paris, FRANCE

Bernard Chevalier, MD
Centre Cardiologique du Nord
Saint-Denis, FRANCE

Alain G. Cribier, MD
Hopital Charles Nicolle
Rouen, FRANCE

David C. Cumberland, MD
The University of Sheffield, Northern
General Hospital
Sheffield, England, UNITED KINGDOM

Bernard de Bruyne, MD
Cardiovascular Center Aalst
Aalst, BELGIUM

Juan L. Delcan, MD
Hospital G. Universitario
Madrid, SPAIN

Ivan DeScheerder, MD
Universitaire Ziekenhuizen Leuven
Leuven, BELGIUM

Carlo Di Mario, MD
Columbus Hospital
Milan, ITALY

Raimund Erbel, MD
University Essen
Essen, GERMANY

Jean Fajadet, MD
Clinique Pasteur
Toulouse, FRANCE

Eulogio Garcia, MD
Hospital G. Universitario
Madrid, SPAIN

Anthony H. Gershlick, MD
University of Leicester
Leicester, England, UNITED KINGDOM

Eberhard Grube, MD
Heart Center Siegburg
Siegburg, GERMANY

Jaap Hamburger, MD, PhD, FESC
Thoraxcenter—Erasmus University
Rotterdam, THE NETHERLANDS

Christian W. Hamm, MD
Kerckhoff Clinic
Bad Nauheim, GERMANY

Michael Haude, MD
University Essen
Essen, GERMANY

Michel Henry, MD
Polyclinique, Essey-les-Nancy
Essey-les-Nancy, FRANCE

Rainer Hoffmann, MD
University Hospital Aachen
Aachen, GERMANY

Kanji Inoue, MD
Takeda Hospital
Kyoto, JAPAN

Thomas Ischinger, MD
Klinikum Bogenhausen
Munich, GERMANY

Karl R. Karsch, MD
University of Tübingen
Tübingen, GERMANY

Adnan Kastrati, MD
Deutsches Herzzentrum und
Medizinische Klinik der Technischen
Universität München
Munich, GERMANY

Osamu Katoh, MD
Kyoto Katsura Hospital
Kyoto, JAPAN

Takeshi Kimura, MD
Kokura Memorial Hospital
Kitakyushu, JAPAN

Silvio Klugmann,
Niguarda Hospital
Milan, ITALY

Karl H. Kuck, MD
Hospital AK St. Georg
Hamburg, GERMANY

Michael J. Kutryk, MD
Thoraxcenter—Erasmus University
Rotterdam, THE NETHERLANDS

Jean-Marc Lablanche, MD
Hopital Cardiologique
Lille, FRANCE

Thierry Lefevre, MD
Institut Cardiovasculaire Paris SUD
Massy, FRANCE

Hugo Londero, MD
Instituto de Cardiología y Cirugía
Cardiovascular Fundación Favaloro
Buenos Aires, ARGENTINA

Carlos Macaya, MD
H. Clinica Universitaria
Madrid, SPAIN

Lindsay S. Machan, BMSc, MD, FRCPC
Vancouver Hospital & Health Sciences
Center
Vancouver, BC, CANADA

Jean Marco, MD
Clinique Pasteur
Toulouse, FRANCE

Detlef G. Mathey, MD
Innere Medizin-Kardiologie
Hamburg, GERMANY

Klaus Mathias, MD
Radiologische Klinik
Dortmund, GERMANY

Bernhard Meier, MD
University Hospital
Bern, SWITZERLAND

Gilles Montalescot, MD, PhD
Hopital Pitie-Salpetriere
Paris, FRANCE

Marie-Claude Morice, MD
Institut Cardiovasculaire Paris SUD
Antony, FRANCE

Harald Mudra, MD
Chefarzt der II Med Abteilung
Munich, GERMANY

Franz-Josef Neumann, MD
Medizinische Klinik und Poliklinik der
Technischen Universität München
Munich, GERMANY

Masakiyo Nobuyoshi, MD
Kokura Memorial Hospital
Kitakyushu, JAPAN

Seung-Jung Park, MD, PhD
Asan Medical Center
Seoul, KOREA

Juan C. Parodi, MD
Instituto Cardiovascular de Buenos
Aires
Buenos Aires, ARGENTINA

Patrick J. Peeters, MD
Imelda Hospital
Bonheiden, BELGIUM

Ian Penn, MD
Vancouver General Hospital
Vancouver, BC, CANADA

Nico H.J. Pijls, MD, PhD
Catharina Hospital
Eindhoven, THE NETHERLANDS

Herbert W.M. Plokker, MD, PhD
 Sint Antonius Hospital
 Nieuwegein, THE NETHERLANDS

Anthony F. Rickards, MBBS
 Royal Brompton Hospital
 London, England, UNITED KINGDOM

Isfredo Rodriguez, MD, PhD
 Hospital Otamendi
 Buenos Aires, ARGENTINA

Uri Rosenschein, MD
 Sheva Medical Center
 Ashdod, ISRAEL

Martin T. Rothman, MD
 The London Chest Hospital
 London, England, UNITED KINGDOM

Shigeru Saito, MD
 Kamakura General Hospital
 Kamakura City, JAPAN

Mathew Samuel K., MD
 Apollo Hospitals
 Madras, INDIA

Wolfgang Schäper, MD
 Max-Planck-Institut
 Bad Nauheim, GERMANY

Wolfgang Schofer, MD
 Medizinische Klinik
 Hamburg, GERMANY

Walter Schomig, MD
 Deutsches Herzzentrum München der
 Technischen Universität München
 München, GERMANY

Wim W. Serruys, MD, PhD
 Thoraxcenter-Erasmus University
 Rotterdam, THE NETHERLANDS

Shankar Seth, MD
 Escorts Heart Institute and Research
 Centre
 New Delhi, INDIA

Shahin Shennib, MD
 Montreal General Hospital
 Montreal, Quebec, CANADA

Richard Sigwart, MD
 Royal Brompton Hospital
 London, England, UNITED KINGDOM

Wolfgang Silber, MD
 Heri Hospital
 Munich, GERMANY

Wolfgang Simon, MD
 Medizinische Univ. Klinik
 Berlin, GERMANY

Eduardo M.R. Sousa, MD
 Instituto Dante Pazzanese de Cardiologia
 São Paulo, BRAZIL

Christodoulos I. Stefanadis, MD
 Hellenic Cardiology Society
 Athens, GREECE

Thomas Stegmann, MD
 Herda Medical Center
 Herda, GERMANY

Harry Suryapranata, MD
 Hospital De Weezenlanden
 Zwolle, THE NETHERLANDS

Shinichi Suzuki, MD
 Hirohashi Heart Center
 Hirohashi, JAPAN

Hideo Tamai, MD
 Shiga Medical Center for Adults
 Shiga, JAPAN

Jean-Francois Tanguay, MD
 Montreal Heart Institute
 Montreal, Quebec, CANADA

Jean-Claude Tardif, MD
 Montreal Heart Institute
 Montreal, Quebec, CANADA

Jacques Theron, MD
 Centre Hospitalier Regional et
 Universitaire de Caen
 Caen, FRANCE

Philip Urban, MD
 La Tour Hospital
 Geneva, SWITZERLAND

Frans JJ Van de Werf, MD
 University Hospital
 Leuven, BELGIUM

Vitali Verin, MD
 Hopitaux Universitaires de Geneve
 Geneva, SWITZERLAND

Juergen vom Dahl, MD
 University Hospital Aachen
 Aachen, GERMANY

Lars C. Wallentin, MD
 University Hospital
 Uppsala, SWEDEN

Harvey D. White, DSc
 Green Lane Hospital
 Auckland, NEW ZEALAND

Felix Zijlstra, MD
 Hospital De Weezenlanden
 Zwolle, THE NETHERLANDS

U.S. FACULTY

Keith B. Allen, MD
 St. Vincent Hospital
 Indianapolis, IN

Gary M. Ansel, MD
 Mid-Ohio Cardiology Consultants, Inc.
 Columbus, OH

Robert L. Ayres, PhD
 Nuclear Regulatory Commission
 Rockville, MD

Steven R. Bailey, MD
 University of Texas Health Science
 Center at San Antonio
 San Antonio, TX

Donald S. Baim, MD
 Beth Israel Deaconess Medical Center
 Boston, MA

Theodore A. Bass, MD
 University of Florida Health Science
 Center
 Jacksonville, FL

Gary J. Becker, MD
 Miami Cardiac and Vascular Institute
 Miami, FL

Alex Berenstein, MD
 Beth Israel Medical Center
 New York, NY

Peter B. Berger, MD
 Mayo Clinic
 Rochester, MN

William E. Boden, MD
 Syracuse VA Medical Center
 Syracuse, NY

Robert O. Bonow, MD
 Northwestern University
 Medical School
 Chicago, IL

Gregory A. Braden, MD
 Wake Forest University School of
 Medicine
 Winston-Salem, NC

Eugene Braunwald, MD
 Partners HealthCare System, Inc.
 Boston, MA

Sorin Brenner, MD
 The Cleveland Clinic Foundation
 Cleveland, OH

Bruce R. Brodie, MD
 Moses Cone Hospital
 Greensboro, NC

Maurice Buchbinder, MD
 Foundation for Cardiovascular Medicine
 San Diego, CA

Mark W. Burket, MD
 Medical College of Ohio
 Toledo, OH

Daniel Burkhardt, MD
 Columbia Presbyterian Medical Center
 New York, NY

Robert Califf, MD
 Duke University Medical Center, Duke
 Clinical Research Center
 Durham, NC

Andrew J. Carter, DO
 Stanford University Medical Center
 Stanford, CA

Joseph Carver, MD
 U.S. Health Care
 Blue Bell, PA

S. Ward Casscells, MD
 University of Texas-Houston and
 Hermann Hospital
 Houston, TX

James H. Chesebro, MD
 Mount Sinai Medical Center
 New York, NY

W. Randolph Chitwood, Jr., MD
 East Carolina University School of
 Medicine
 Greenville, NC

Nicolas Chronos, MD
 Atlanta Cardiovascular Research
 Institute
 Atlanta, GA

David J. Cohen, MD
 Beth Israel Deaconess Medical Center
 Boston, MA

Howard A. Cohen, MD
 University of Pittsburgh
 Pittsburgh, PA

Marc Cohen, MD
 MCP Hahnemann University
 Philadelphia, PA

Michael B. Collins, MD
 Lenox Hill Heart and Vascular Institute
 New York, NY

Mark W. Connolly, MD
 Lenox Hill Heart and Vascular Institute
 New York, NY

John J. Connors III, MD
 INOVA Fairfax Hospital
 Falls Church, VA

Denton Cooley, MD
 Texas Heart Institute
 Houston, TX

Vicki J. Coombs, RN, MS, CCRN
 Johns Hopkins University School of
 Medicine
 Baltimore, MD

Christopher J. Cooper, MD
 Medical College of Ohio
 Toledo, OH

Delos M. Cosgrove, MD
 The Cleveland Clinic Foundation
 Cleveland, OH

Michael J. Cowley, MD
 Medical College of Virginia
 Richmond, VA

David A. Cox, MD
 Mid Carolina Cardiology
 Charlotte, NC

Frank J. Criado, MD
 Union Memorial Hospital/MedStar
 Health
 Baltimore, MD

Ronald Crystal, MD
 New York Hospital-Cornell Medical
 Center
 New York, NY

George D. Dangas, MD
 Lenox Hill Heart and Vascular Institute
 New York, NY

Charles J. Davidson, MD
 Northwestern University Medical School
 Chicago, IL

Larry S. Dean, MD
 University of Alabama at Birmingham
 Birmingham, AL

Edward B. Diethrich, MD
 Arizona Heart Institute
 Phoenix, AZ

Daniel J. Diver, MD
 Georgetown University Medical Center
 Washington, DC

Gerald Dorros, MD
 Arizona Heart Institute Foundation
 Phoenix, AZ

John S. Douglas, Jr., MD
 Emory University School of Medicine
 Atlanta, GA

Elazer R. Edelman, MD, PhD
 Harvard-MIT Biomedical Engineering
 Center
 Cambridge, MA

Neal L. Eigler, MD
 Cedars-Sinai Medical Center
 Los Angeles, CA

Stephen G. Ellis, MD
 The Cleveland Clinic Foundation
 Cleveland, OH

Stephen E. Epstein, MD
Cardiovascular Research Institute
Washington, DC

Andrew Farb, MD
Armed Forces Institute of Pathology
Washington, DC

Michael E. Farkouh, MD
Mount Sinai Medical Center
New York, NY

David P. Faxon, MD
University of Southern California School
of Medicine
Los Angeles, CA

Ted Feldman, MD
University of Chicago Hospitals
Chicago, IL

James J. Ferguson III, MD
Texas Heart Institute
Houston, TX

Tim A. Fischell, MD
Heart Institute at Borgess Medical
Center
Kalamazoo, MI

Peter J. Fitzgerald, MD, PhD
Stanford University Medical Center
Stanford, CA

Thomas J. Fogarty, MD
Stanford University Medical Center
Stanford, CA

Mark S. Freed, MD
William Beaumont Hospital
Royal Oak, MI

Shmuel Fuchs, MD
Cardiovascular Research Institute
Washington, DC

Valentin Fuster, MD, PhD
Mount Sinai Medical Center
New York, NY

Kirk N. Garratt, MD
Mayo Clinic
Rochester, MN

Barry S. George, MD
Mid-Ohio Cardiology Consultants, Inc.
Columbus, OH

Bernard J. Gersh, MD, ChB, DPhil
Mayo Clinic
Rochester, MN

Gary Gershony, MD
John Muir Medical Center
Alamo, CA

C. Michael Gibson, MS, MD
UCSF
San Francisco, CA

Sheldon Goldberg, MD
Cooper Medical Center
Camden, NJ

William A. Gray, MD
Swedish Cardiovascular Research
Seattle, WA

Cindy L. Grines, MD
William Beaumont Hospital
Royal Oak, MI

Lee Guterman, PhD, MD
State University of New York at Buffalo
Buffalo, NY

Robert A. Harrington, MD
Duke University Medical Center
Durham, NC

Timothy D. Henry, MD
Hennepin County Medical Center
Minneapolis, MN

James B. Hermiller, Jr., MD
Indiana Heart Institute
Indianapolis, IN

Richard R. Heuser, MD
St. Luke's Medical Center
Phoenix, AZ

Randall Higashida, MD
University of California—San Francisco
San Francisco, CA

Tomoaki Hinohara, MD
Sequoia Hospital
Redwood City, CA

Robert Hobson II, MD
UMDNJ—New Jersey Medical School
Newark, NJ

Judith S. Hochman, MD
St. Luke's—Roosevelt Hospital Center &
Columbia University
New York, NY

John McB. Hodgson, MD
MetroHealth Medical Center
Cleveland, OH

David R. Holmes, Jr., MD
Mayo Clinic
Rochester, MN

Mun K. Hong, MD
Cornell—New York Presbyterian Hospital
New York, NY

L. Nelson Hopkins, MD
State University of New York at Buffalo
Buffalo, NY

Jeffrey Isner, MD
St. Elizabeth's Medical Center
Boston, MA

Sriram S. Iyer, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Alice K. Jacobs, MD
Boston University Medical Center
Boston, MA

Michael R. Jaff, DO
Cardiovascular Research Institute
Washington, DC

Shirish Jani, PhD
Scripps Clinic & Research Foundation
La Jolla, CA

James D. Joye, DO
El Camino Hospital
Mountain View, CA

Birgit Kantor, MD
Mayo Clinic
Rochester, MN

Barry T. Katzen, MD
Miami Cardiac and Vascular Institute
Miami, FL

Dean Kereiakes, MD
The Lindner Center at The Christ
Hospital
Cincinnati, OH

Morton J. Kern, MD
St. Louis University Hospital
St. Louis, MO

R. Stefan Kiesz, MD
University of Texas Health Science
Center at San Antonio
San Antonio, TX

Spencer B. King, III, MD
Emory University School of Medicine
Atlanta, GA

Nicholas Kipshidze, MD, PhD
Lenox Hill Hospital
New York, NY

Neal S. Kleiman, MD
The Methodist Hospital—Houston
Houston, TX

William Knopf, MD
St. Joseph's Hospital
Atlanta, GA

Stephen Kopecky, MD
Mayo Clinic
Rochester, MN

Ran Kornowski, MD
Cardiovascular Research Institute
Washington, DC

Richard E. Kuntz, MD
Brigham & Women's Hospital
Boston, MA

Roger J. Laham, MD
Beth Israel Deaconess Medical
Center/Harvard Medical School
Boston, MA

Alexandra J. Lansky, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Charles R. Lambert, MD, PhD
Health First Heart Institute
Melbourne, FL

John M. Lasala, MD, PhD
Washington University School of
Medicine
St. Louis, MO

Warren K. Laskey, MD
University of Maryland Medical Center
Baltimore, MD

Daisy F. Lazarous, MD
Johns Hopkins University School of
Medicine
Baltimore, MD

Jeffrey M. Leiden, MD, PhD
Harvard School of Public Health/Harvard
Medical School
Boston, MA

Martin B. Leon, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Norm E. Lepor, MD
Cedars Sinai Hospital
Los Angeles, CA

Peter Libby, MD
Brigham & Women's Hospital
Boston, MA

A. Michael Lincoff, MD
The Cleveland Clinic Foundation
Cleveland, OH

Thomas J. Linnemeier, MD
Indiana Heart Institute
Indianapolis, IN

Frank Litvack, MD
Cedars-Sinai Medical Center
Los Angeles, CA

James E. Lock, MD
Children's Hospital Medical Center
Boston, MA

Douglas Losordo, MD
St. Elizabeth's Medical Center
Boston, MA

Bruce W. Lytle, MD
The Cleveland Clinic Foundation
Cleveland, OH

Michael Mack, MD
Columbia Hospital at Medical City
Dallas, TX

Tom Maloney, MHA, RCIS
Memorial Regional Medical Center
Mechanicsville, VA

J. Tift Mann III, MD
Wake Heart Associates
Raleigh, NC

Keith March, MD, PhD
Krannert Institute of Cardiology
Indianapolis, IN

James R. Margolis, MD
Miami Heart Institute
Miami Beach, FL

Michael L. Marin, MD
Mount Sinai Medical Center
New York, NY

Roxana Mehran, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Gary S. Mintz, MD
Cardiovascular Research Institute
Washington, DC

David J. Moliterno, MD
The Cleveland Clinic Foundation
Cleveland, OH

Michael Mooney, MD
Minneapolis Heart Institute
Minneapolis, MN

Jeffrey W. Moses, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Amir Motarjeme, MD
Midwest Vascular Institute of Illinois
Downers Grove, IL

Issam Moussa, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Christopher M. Nelson, RN, RCIS, FSCIP
Sentara Southside Hospitals
Norfolk, VA

Dattatreyudu Nori, MD
New York Hospital—Cornell Medical
Center
New York, NY

William W. O'Neill, MD
William Beaumont Hospital
Royal Oak, MI

Stephen Oesterle, MD
Massachusetts General Hospital
Boston, MA

Kao Ohki, MD
Montefiore Medical Center
New York, NY

Ignacio Ohman, MD
Duke University Medical Center
Durham, NC

Jul Overlie, MD
Overmant Medical Center
Brook, TX

W. L. Packer, MD
Mary's Hospital
St. Joseph, MN

Orlando Palacios, MD
Massachusetts General Hospital
Boston, MA

Leo C. Palmaz, MD
University of Texas Health Science
Center at San Antonio
San Antonio, TX

Michael Parks, MD
Vincent's Hospital
Birmingham, AL

Henry R. Phillips, MD
Duke University Medical Center
Durham, NC

William Pitt, MD
University of Michigan
Ann Arbor, MI

Fred J. Popma, MD
Brigham & Women's Hospital
Boston, MA

Richard A. Quyyumi, MD
National Institutes of Health
Bethesda, MD

Robert E. Raizner, MD
The Methodist Hospital—Houston
Houston, TX

Stephen R. Ramee, MD
Ochsner Clinic
New Orleans, LA

Mark Reisman, MD
Jewish Medical Center
Seattle, WA

William D.K. Rogers, MD
Brigham & Women's Hospital
Boston, MA

Arnold Rosenfield, MD
Elizabeth's Medical Center
Boston, MA

Henry S. Roubin, MD, PhD
Lenox Hill Heart and Vascular Institute
New York, NY

Carlos E. Ruiz, MD, PhD
Children's Hospital
Chicago, IL

Bert Russo, MD, PhD
Scripps Clinic & Research Foundation
La Jolla, CA

David D. Rutherford, MD
Cardiovascular Consultants, PC
Kansas City, MO

Robert D. Safian, MD
William Beaumont Hospital
Royal Oak, MI

Jorge Saucedo, MD
University of Arkansas for Medical
Sciences and John L. McClellan Memorial
Veterans' Hospital
Little Rock, AR

Michael Savage, MD
Thomas Jefferson Medical Center
Philadelphia, PA

Richard Schatz, MD
Scripps Clinic & Research Foundation
La Jolla, CA

Donald Schwarten, MD
St. Vincent Hospital
Indianapolis, IN

Robert Schwartz, MD
Mayo Clinic
Rochester, MN

Neal Scott, MD, PhD
Emory University School of Medicine
Atlanta, GA

Jerome Segal, MD
The George Washington University
Washington, DC

Matthew R. Selmon, MD
Cardiovascular Medicine & Coronary
Intervention
Redwood City, CA

Samin Sharma, MD
Mount Sinai Medical Center
New York, NY

Fayaz Shawl, MD
Washington Adventist Hospital
Takoma Park, MD

Thomas Shimshak, MD
The Ohio Heart Health Center
Cincinnati, OH

Daniel I. Simon, MD
Brigham & Women's Hospital
Boston, MA

Michael Simons, MD
Beth Israel Deaconess Medical Center
Boston, MA

Charles Simonton, MD
Carolinas Heart Institute
Charlotte, NC

Marvin Slepian, MD
The University of Arizona Health
Sciences Center
Tucson, AZ

Christopher Sloan
U.S. Food and Drug Administration
Rockville, MD

Richard Smalling, MD
University of Texas Medical School—
Houston
Houston, TX

Sidney Smith, MD
University of North Carolina—
Chapel Hill
Chapel Hill, NC

William Spencer, MD
Baylor College of Medicine
Houston, TX

Richard S. Stack, MD
Duke University Medical Center
Durham, NC

Steven R. Steinhubl, MD
Wilford Hall Air Force Medical Center
Lackland Air Force Base, TX

Simon Stertzer, MD
Stanford University Medical Center
Stanford, CA

Gregg W. Stone, MD
Lenox Hill Heart and Vascular Institute
New York, NY

John E. Stuhlmiller, MD
US Food and Drug Administration
Rockville, MD

Valavanur A. Subramanian, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Doris A. Taylor, PhD
Duke University Medical Center
Durham, NC

James Tchong, MD
Duke University Medical Center
Durham, NC

Paul S. Teirstein, MD
Scripps Clinic & Research Foundation
La Jolla, CA

Doug Throckmorton, MD
US Food and Drug Administration
Rockville, MD

Jonathan M. Tobis, MD
University of California—Los Angeles
Medical Center
Los Angeles, CA

E. Murat Tuzcu, MD
The Cleveland Clinic Foundation
Cleveland, OH

Ellis Unger, MD
U.S. Food and Drug Administration
Rockville, MD

Frank J. Veith, MD
Montefiore Medical Center
Bronx, NY

George Vetrovec, MD
Medical College of Virginia
Richmond, VA

James Vetter, MD
Sequoia Hospital
Redwood City, CA

Renu Virmani, MD
Armed Forces Institute of Pathology
Washington, DC

Jiri J. Vittek, MD
Lenox Hill Heart and Vascular Institute
New York, NY

Ron Waksman, MD
Cardiovascular Research Institute
Washington, DC

Douglas W. Weaver, MD
Henry Ford Hospital
Detroit, MI

Judah Weinberger, MD, PhD
Columbia Presbyterian Medical Center
New York, NY

Bonnie H. Weiner, MD
University of Massachusetts Medical
Center
Worcester, MA

Neil J. Weissman, MD
Cardiovascular Research Institute
Washington, DC

Thomas P. Wharton, Jr., MD
Exeter Hospital
Exeter, NH

Christopher J. White, MD
Ochsner Clinic
New Orleans, LA

Rodney White, MD
Harbor—UCLA Medical Center
Torrance, CA

Harvey J. White, Jr., MD
Southwest Cardiology Associates
Albuquerque, NM

James S. Whiting, PhD
Cedars-Sinai Medical Center
Los Angeles, CA

Patrick L. Whitlow, MD
The Cleveland Clinic Foundation
Cleveland, OH

Mark Wholey, MD
Pittsburgh Vascular Institute
Pittsburgh, PA

James T. Willerson, MD
University of Texas Medical School—
Houston
Houston, TX

David O. Williams, MD
Rhode Island Hospital
Providence, RI

Steven D. Wolff, MD, PhD
Integrated Cardiovascular Therapeutics
Woodbury, NY

S. Chiu Wong, MD
New York Hospital Medical Center of
Queens
Flushing, NY

Jay S. Yadav, MD
The Cleveland Clinic Foundation
Cleveland, OH

Alan C. Yeung, MD
Stanford University Medical Center
Stanford, CA

Paul Yock, MD
Stanford University Medical Center
Stanford, CA

Andrew Zalewski, MD
Thomas Jefferson Medical Center
Philadelphia, PA

Christopher K. Zarins, MD
Stanford University Medical Center
Stanford, CA

James P. Zidar, MD
Duke University Medical Center
Durham, NC

Bram Zuckerman, MD
U.S. Food and Drug Administration
Rockville, MD

TCT 2000 Tours

DATE day month year

Please print all information requested. Incomplete information may result in the voiding of this registration form.

LAST NAME (FAMILY NAME) FIRST NAME (GIVEN NAME) MIDDLE INITIAL

ADDRESS STREET ADDRESS IS: ☐ HOME ☐ OFFICE SUITE/APT

CITY STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

DAYTIME TELEPHONE (COUNTRY CODE/CITY CODE/NUMBER) FAX: (COUNTRY CODE/CITY CODE/NUMBER)

EMAIL

If children will be attending tour, list ages of each child

TOUR #1

Wednesday, October 18
7:30 pm - 10:30 pm

Magnificent Monuments by Moonlight Champagne Tour

Enjoy a "Monuments by Moonlight" tour of the capital city. This evening's tour is even more spectacular as each bus will have a waiter on board serving champagne and butlered miniature desserts. You will enjoy a driving tour that will include the U.S. Capitol, Supreme Court, Library of Congress, White House, Smithsonian Museums, Washington Monument and many other historical landmarks. Special stops will be made at the Lincoln and Vietnam War Veterans Memorials and the fabulous Kennedy Center for the Performing Arts.

Cost per person: \$38.00

TOUR #2

Thursday, October 19
10:00 am - 3:30 pm

Art Treasures of Washington

Visit the Kreeger Museum designed by Phillip Johnson. It showcases the art collection of Carmen and the late David Kreeger. 19th and 20th century painting and sculpture, as well as traditional African, Indian and Pre-Columbian art. After the 90 minute guided tour, you will board the bus and be taken to the Phillips Collection, America's first museum of modern art which features Renoir's Luncheon of the Boating Party and works by Cezanne, Bonnard, Braque, Daumier, Dave El Greco, Manet, Matisse, O'Keefe and Picasso. You will have an opportunity to visit the cafe and enjoy lunch on your own.

Please note, children under 12 are not permitted to take this tour.

Cost per person: \$40.00

TOUR #3

Friday, October 20
9:00 am - 2:30 pm

Shopping at Sak's

You will be the personal guest of prestigious Sak's Fifth Avenue located in the fashionable area of Tyson's Corner. You will begin the morning "before store hours" with a continental breakfast and a fashion seminar, The Best of Fall 2000. The staff will share updates on the latest fashion trends. You will also be treated to a special gift bag filled with goodies and the visit will conclude with a cosmetic demonstration. You will also have the opportunity to visit the other stores at Tyson's II. A sampling of stores in this high-end mall include Neiman Marcus, Williams Sonoma, FAO Schwarz and many more fine shopping establishments.

Cost per person: \$48.00

Indicate the tour(s) you would like to attend and fill in the appropriate blanks:

TOUR #1

Wednesday, October 18, 2000

Magnificent Monuments by
Moonlight Champagne Tour

7:30 pm - 10:30 pm

Number of ticket(s) @ \$38.00 for a total of

TOUR #2

Thursday, October 19, 2000

Art Treasures of Washington

10:00 am - 3:30 pm

Number of ticket(s) @ \$40.00 for a total of

TOUR #3

Friday, October 20, 2000

Shopping at Sak's

9:00 am - 2:30 pm

Number of ticket(s) @ \$48.00 for a total of

Add a one-time handling fee of \$5.00

\$5.00

TOTAL \$

Checks should be made payable to:
Barbara Boggs Associates Inc. and mailed to Barbara Boggs
Associates Inc. ATTN: TCT, 1726 M Street, NW, Suite 200
Washington, DC 20036

Credit Card Information:

☐ Credit Card: ☐ Discover ☐ Visa

Please indicate card type: ☐ Personal Card ☐ Corporate Card

CARD NUMBER EXP. DATE month year

Cardholder Signature

Name of Cardholder (Please print)

Deadline for tour preregistration is September 15, 2000. Forms and payments must be received by this date. You may pick up your tour tickets from the tour desk located at the Washington Convention Center. There will be on-site registration; however, there is no guarantee that tickets will still be available. Tickets are available on a first-come, first-served basis and tours may be sold out even if you have mailed in your tour registration form by the above deadline. A minimum/maximum number of registrants is required to conduct each tour. If the minimum has not been met or the maximum has been exceeded, you will be given a full refund at the tour desk. With the exception of cancelled tours, no refunds will be given. No cash please. Full payment is due with your registration in U.S. funds. For additional information please phone Barbara Boggs Associates at 202-872-0393.

Call for TCT 2000 Abstracts



Transcatheter Cardiovascular Therapeutics Scientific Sessions Society for Cardiac Angiography and Interventions

Abstracts are a useful format for sharing new information on topics in interventional cardiology—in particular, the early stages of developmental investigation—to stimulate the important exchange of ideas. Abstracts should address some area of interventional cardiology or endovascular disease (clinical studies, basic investigation, and animal studies are equally encouraged) and constitute original research, but the content may include portions of prior abstracts and/or manuscripts submitted or presented elsewhere. Please adhere to the following preparation instructions.

ABSTRACT FORM PREPARATION

1. The abstract must be contained in the space provided and use a type size no smaller than 10 point, and not to exceed 350 words.
2. **Title:** Boldface and initial cap.
3. **Authors:** Initials of authors (no first names) and surname, no degrees.
4. **Affiliations:** List affiliations of all authors. If more than one, link affiliation with superscript ¹ numbers (not symbols). Spell out states and provinces and include country.
5. Leave a blank line after author(s)/institution(s) and before abstract text.
6. **Abstract:** Structured with boldface headings (**Background:** or **Purpose:**; **Methods:**; **Results:**; and **Conclusion:**)
7. **Numbers:** Only spell out numbers at beginning of sentences. Use zeros before decimal points. Use decimal points and not commas: 0.05, not 0,05.
8. **Symbols:** Use >, <, % symbols throughout. Lowercase roman "p" values. ($p < 0.5$).
9. **Tables:** Boldface table headers. Use 3 rules only on tables: top, below header, and bottom. Use superscript symbols in table footnotes (*, †, ‡, §, ¶). Includes tables in text, do not submit tables as camera-ready art.
10. **Figures:** Submit 2 hard copy camera-ready prints (or original computer laser printouts) of figures (black and white only). Minimum size for art is 5 x 7 inches.
11. **Computer Disk:** Submit computer disk labeled with software used (MSWord, WordPerfect, etc), title of abstract, and name of first author. Submit 2 hard copy printouts with contact information of person preparing the abstract.

ABSTRACT SELECTION AND PRESENTATION

1. Abstracts must be received by July 14, 2000 and will be reviewed by the Society for Cardiac Angiography and Interventions and TCT Faculty. Results will be forwarded to the corresponding author by August 20, 2000.
2. A second "late" abstract deadline of September 1, 2000 is also available for important late emerging studies. The acceptance rate will be lower for these submissions. Notification will be given by September 15, 2000.
3. Accepted oral abstracts will be presented (10 minutes) at TCT 2000 on September 18, 1999. Posters will be presented on Thursday and Friday, September 19 and 20, 2000.
A reduced registration fee for TCT 2000 will be extended to the presenting author for each accepted abstract. (50% registration fee for full staff physicians; tuition will be waived for fellows and nurses).
4. Abstracts accepted for presentation will be published and distributed in print and electronic formats.

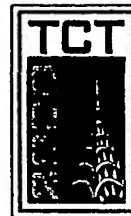
MAILING INSTRUCTIONS

1. Abstract packet should include the following: original abstract (unfolded), a printed copy of the computer file, and the disk.
2. Mail abstract and above enclosures by first class or overnight service within the United States and by express service from all other countries to:

Jodi Golin—TCT 2000 Abstract Coordinator
Cardiovascular Research Foundation
55 East 59th Street, 6th Floor
New York, NY, 10022

3. Multiple abstract packets may be mailed in one package; only one abstract per disk.
4. Abstracts will not be accepted by facsimile.
5. For questions regarding abstracts only or to request additional abstract forms call Jodi Golin at 212-434-6383.

Call for TCT 2000 Abstracts



Transcatheter Cardiovascular Therapeutics Scientific Sessions
Society for Cardiac Angiography and Interventions
October 17 - 22, 2000, Washington Convention Center, Washington, DC

1. CORRESPONDING AUTHOR

First Name _____ Middle Initial _____
Last/Family Name _____ Degrees _____
Institution _____
Street Address _____
City _____ State _____ Postal Code _____
Country _____
Telephone (country code/city code) _____
FAX (country code/city code) _____
E-mail address _____

2. PREFERRED PRESENTATION FORM

- ☐ Oral
☐ Poster
☐ Nursing Abstract Sessions

3. ABSTRACT CATEGORIES (Choose one)

- ☐ Coronary Intervention (nonstent)
☐ Coronary Stents
☐ Percutaneous Myocardial Revascularization
☐ Angiogenesis
☐ Pharmacology
(including IIb/IIIa inhibitors and local drug delivery)
☐ Acute Myocardial Infarction
☐ Acute Coronary Syndromes
☐ Neurovascular Disease (including carotid stents)
☐ Extracardiac Disease (excluding neurovascular)
☐ Radiation Vascular Therapy
☐ Alternative Imaging
(IVUS, angiography, physiologic lesion assessment)
☐ Cardiovascular and Cardiothoracic Surgery
☐ Women's Healthcare Issues
☐ Miscellaneous

4. SUBMITTING AUTHOR'S SIGNATURE

REQUIRED _____

ABSTRACT DEADLINE: FRIDAY, JULY 14, 2000

Late deadline: September 1, 2000

(Reduced acceptance rate: see instructions on page 29)

Abstract preparation instructions on reverse side

TCT 2000 Registration

Registration is limited; please register early. To register, fill out registration form, and send along with VISA, MASTERCARD, or AMERICAN EXPRESS number and expiration date, or check made payable to "TCT 2000." Mail or fax registration form to the address listed above. Please do not mail if previously faxed.

EASE TYPE OR PRINT CLEARLY.

Mail or fax registration form to:

TCT 2000
c/o Laser Registration
1200 "G" Street, NW, Suite 800
Washington, DC 20005-3967
Toll Free 877-695-5498 (U.S. & Canada)
International 514-847-2293
Fax 514-289-9844
Email TCT@LaserReg.com
Registrations by telephone will not be accepted.

REGISTRATION AND BADGE INFORMATION

ST NAME (FAMILY NAME) _____ FIRST NAME (GIVEN NAME) _____ MIDDLE INITIAL _____

CKNAME (TO APPEAR ON BADGE) _____

MD ☐ PhD ☐ DO ☐ RN ☐ Other _____ HOSPITAL/COMPANY/ORGANIZATION _____

LE AND/OR DEGREE _____

ADDRESS _____ STREET _____ ADDRESS IS: ☐ HOME ☐ OFFICE SUITE/APT _____

CITY _____ STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

DAYTIME TELEPHONE (COUNTRY CODE/CITY CODE/NUMBER) _____ FAX: (COUNTRY CODE/CITY CODE/NUMBER) _____

MAIL _____

SPECIALTY: (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> (A) Interventional Cardiologist | <input type="checkbox"/> (G) Interventional Radiologist | <input type="checkbox"/> (M) Cardiothoracic Surgeon |
| <input type="checkbox"/> (B) Clinical Cardiologist | <input type="checkbox"/> (H) Pharmacologist | <input type="checkbox"/> (N) Radiation Physicist |
| <input type="checkbox"/> (C) Radiobiologist | <input type="checkbox"/> (I) Neuroradiologist | <input type="checkbox"/> (O) Vascular or Molecular Biologist |
| <input type="checkbox"/> (D) Vascular Surgeon | <input type="checkbox"/> (J) Radiation Oncologist | <input type="checkbox"/> (P) Fellow—Specialty: _____ |
| <input type="checkbox"/> (E) Technician | <input type="checkbox"/> (K) Nurse | <input type="checkbox"/> (Q) Other: _____ |
| <input type="checkbox"/> (F) Physiologist | <input type="checkbox"/> (L) Industry Professional | |

TCT REGISTRATION

space is limited and filled on a first-come, first-served basis. If you are planning to attend TCT 2000 in its entirety, one minicourse is included in the registration fee. If registering for the Self-Assessment Course, please complete Option B only.

PHYSICIAN/FELLOW

OPTION A. TCT and one Minicourse. (Minicourses are listed below).

	BEFORE JUNE 1	AFTER JUNE 1
1) <input type="checkbox"/> Physician	\$1,000 _____	\$1,100 _____
2) <input type="checkbox"/> Fellow*	\$500 _____	\$500 _____

TCT MINICOURSES (Choose only one.)

- (1M) ☐ Harmonizing Mechanical and Pharmacologic Approaches to Acute Ischemic Syndromes
- (2M) ☐ The Molecular Cardiology Symposium: Principles, Targets, and Therapeutic Interventions
- (3M) ☐ Radiation Vascular Therapy for the Interventionalist
- (4M) ☐ Peripheral Vascular Intervention: From Diagnosis to Intervention
- (5M) ☐ Advanced Endovascular Therapies: Carotid Stent-Supported Angioplasty (CSSA) and Endoluminal Aortic Aneurysm Stent-Grafts
- (6M) ☐ The Imaging Symposium: From Morphologic Characterization to Physiologic Lesion Assessment

OPTION B. Self-Assessment and TCT

	BEFORE JUNE 1	AFTER JUNE 1
1F) <input type="checkbox"/> Self-Assessment Only (Fellow*)	\$500 _____	\$500 _____
2P) <input type="checkbox"/> Self-Assessment Only (Physician)	\$1,000 _____	\$1,000 _____
3P) <input type="checkbox"/> Self-Assessment and TCT (Physician) (10/17 - 10/22)	\$1,350 _____	\$1,350 _____
4SF) <input type="checkbox"/> Self-Assessment and TCT (Fellow*) (10/17 - 10/22)	\$750 _____	\$750 _____

Documentation from your program director is required to qualify for the reduced fee.

TOTAL \$ _____

TCT 2000 Registration

PLEASE TYPE OR PRINT CLEARLY.

LAST NAME (FAMILY NAME)

FIRST NAME (GIVEN NAME)

MIDDLE INITIAL

2. TCT REGISTRATION continued

TOTAL FROM SIDE ONE \$ _____

NURSE/TECHNOLOGIST

BEFORE JUNE 1 AFTER JUNE 1

- (S) ☐ Nurse/Technologist (NURSE/TECH SYMPOSIUM ONLY) (10/18) \$150 \$150
- (T) ☐ Nurse/Technologist (NURSE/TECH SYMPOSIUM AND TCT) (10/18 - 10/21) \$500 \$500
- (N) ☐ Nurse/Technologist (TCT ONLY) (10/19 - 10/21) \$400 \$400

INDUSTRY

- (I) ☐ Industry Professional \$1,100 \$1,100
- (E1) ☐ Exhibit Hall (ONLY) (If exhibiting at TCT) \$200 \$200
- (E2) ☐ Exhibit Hall (ONLY) (If not exhibiting at TCT) \$400 \$400

3. TCT 2000 HOW-TO OPERATOR WORKSHOPS

(Sunday, 8am - 12 noon) (CHOOSE ONLY ONE)

All workshops \$150

- (1W) ☐ Starting a Radiation Vascular Therapy Program \$
- (2W) ☐ Starting a Peripheral Vascular Intervention Program \$
- (3W) ☐ Technique and Approach of Transradial Angiography and Intervention \$
- (4W) ☐ Advanced Stent Techniques: How to "Choose and Use" the Right Stent \$
- (5W) ☐ IVUS, Doppler, FloWire, and Pressure Wire Interpretation Workshop: A Practical User's Guide \$
- (6W) ☐ Carotid Stent Training: Preparing for the Future \$
- (7W) ☐ Direct Myocardial and Revascularization and Electromechanical Mapping Techniques \$
- (8W) ☐ Non-Surgical Septal Ablation Techniques for Obstructive Hypertrophic Cardiomyopathy \$
- (9W) ☐ How to Effectively Incorporate Rotational Atherectomy into a Day-to-Day Practice \$
- (10W) ☐ Distal Embolic Protection Devices: Improving Safety and Expanding Clinical Applications \$

4. TCT PAYMENT METHOD

(All preregistrations paid with a business or personal check must be received by Friday, October 6, 2000 in order to avoid unnecessary delays at the preregistration counters.)

TOTAL \$ _____

- ☐ Wire Transfer (Please contact Laser Registration for account information.)
- ☐ Check Enclosed (Please make payable to "CRF TCT 2000")
- ☐ Credit Card: ☐ American Express ☐ Visa ☐ Master Card

Please indicate card type: ☐ Personal Card ☐ Corporate Card

CARD NUMBER

EXP. DATE month year

TODAY'S DATE day month year

Cardholder Signature _____ Name of Cardholder (Please print) _____

Your signature authorizes your credit card to be charged for the Total Payment above. The Cardiovascular Research Foundation reserves the right to charge the correct amount if different from the total listed above.

☐ To assist us in planning for appropriate resources, please indicate whether you have a disability or require special services. Attach a written description of your needs.

Ref:

**This form must be completed in full before any room requests will be processed.
This form MUST be received no later than Friday September 15, 2000**

Rooms will be made available only to those delegates registered for the TCT 2000 Conference. Any room requests for unregistered delegates will not be processed.




- All room requests require a deposit of \$175.00 USD per room. The Housing Bureau will not process a request without a deposit. All deposits must be submitted to the Housing Bureau in either of two ways:
 - a. **Credit Card:** Your credit card will be charged by your booked hotel 7 days prior to your arrival. This deposit will be non-refundable.
 - b. **Check:** Payment must be made out to **Laser Registration—Housing and Travel Services**.
- All changes and cancellations prior to September 15th, 2000 must be referred in writing to the Housing Bureau.
- Any changes after that date must be made directly with the hotel.
- You will receive an e-mail confirming your accommodations no later than September 15th, 2000. If you do not have e-mail access you will receive a facsimile transmission instead.
- **Confirmations will not be given over the telephone** ●

(YOU MUST REGISTER TO THIS MEETING BEFORE MAKING A ROOM REQUEST)

Last Name _____ First Name _____ Middle Initial _____
 Company/Institution _____
 Telephone (day): Country code/city code/number _____ Fax: Country code/city code/number; a fax number is MANDATORY _____
 E-mail _____

D. HOTEL CHOICE (Provide hotel selections in rank order)

Arrival: | | Oct. 2000 | Departure: | | Oct. 2000 |

- | | | | |
|--------------------------------------|--------------------------|---|---------------------------------------|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> |  | Single |
| | <input type="checkbox"/> |  | Double - One Bed |
| <input type="checkbox"/> Non-Smoking | <input type="checkbox"/> |  | Double - Two Beds |
| | <input type="checkbox"/> | | Suite (Based upon hotel availability) |

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

**** GUARANTEE FOR RESERVATION DUE ON SEPTEMBER 15, 2000.**

- ☐ Check ☐ MasterCard ☐ American Express ☐ Visa

Card number

Exp. Date

--	--	--	--

month year

Name of Cardholder (please print)

Cardholder Signature (required, authorizing charge and acknowledging guarantee policy; see above)

Please be sure to complete all four sections of this form before submitting to the Housing Bureau.
The Housing Bureau will not process any incomplete forms.

• **Mail or Fax Registration and Housing Form to:**

TCT 2000 Registrar, c/o Laser Registration
1200 G Street NW, Suite 800
Washington, DC 20005-3967
Phone 877-695-5498, 514-847-2976 (Int'l)
Fax 514-289-9844 (Int'l)
E-mail TCT@LaserReg.com

If faxing, please do not mail.

Visit the TCT 2000 Website Today!

www.tctonline.com

To personalize your TCT 2000 experience,

please bookmark our website

to obtain the most current information.

We will keep you informed with updates

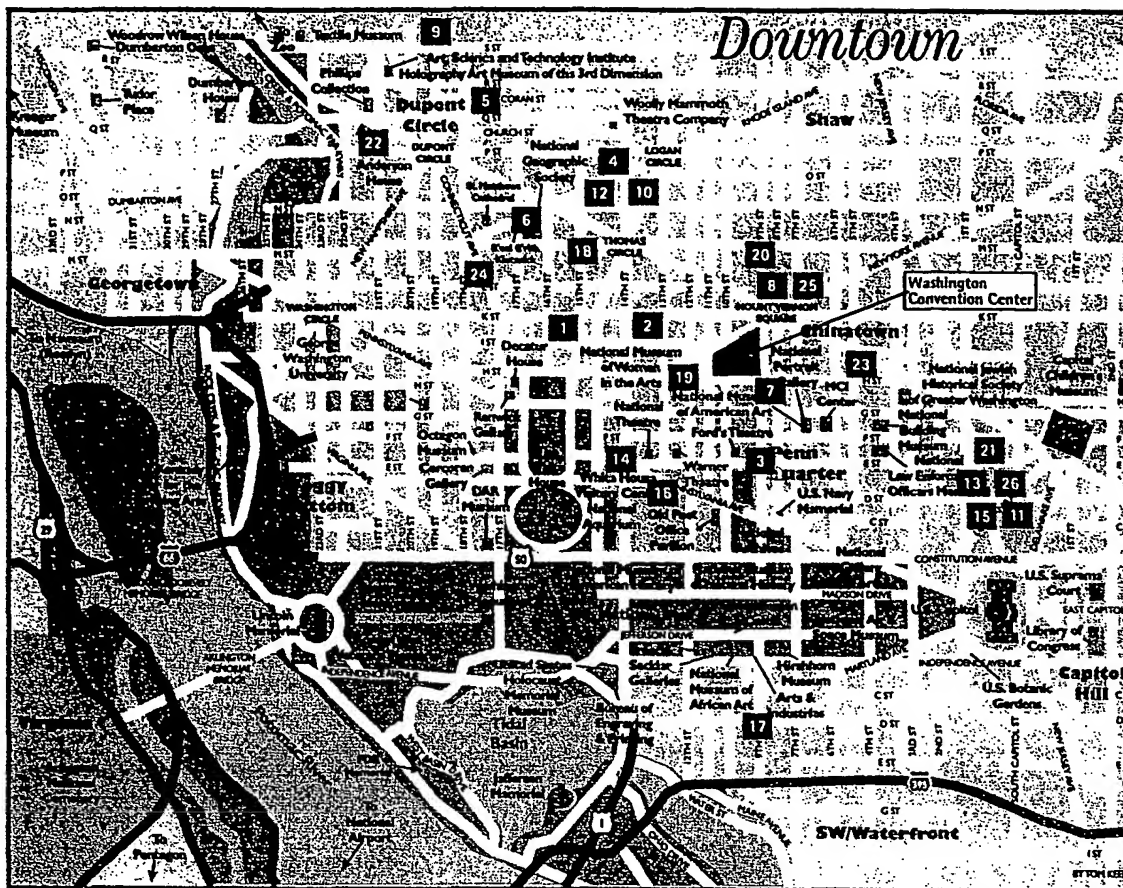
on faculty, program, registration,

housing information, agenda,

and much more!

TCT 2000 Attendee Housing Map

Transcatheter Cardiovascular Therapeutics (TCT 2000)
October 17 - 22, 2000 • Washington, DC



MAP #	HOTEL	SINGLE	DOUBLE
1.	Capital Hilton	\$200.00	\$220.00
2.	Crowne Plaza, Washington, DC	\$195.00	\$195.00
3.*	Courtyard by Marriott Convention Center	\$199.00	\$199.00
4.	Doubletree Park Terrace on Embassy Row	\$172.00	\$192.00
5.	Doyle Washington Hotel	\$179.00	\$179.00
6.	Governor's House Hotel	\$153.00	\$153.00
7.*	Grand Hyatt Washington	\$198.00	\$213.00
8.*	Henley Park Hotel	\$185.00	\$205.00
9.	Hilton Washington Et Towers	\$200.00	\$220.00
10.	Holiday Inn Central Washington, DC	\$140.00	\$140.00
11.	Holiday Inn on the Hill	\$179.00	\$199.00
12.	Holiday Inn Washington Downtown	\$139.00	\$139.00
13.	Hotel George	\$199.00	\$199.00
14.	Hotel Washington	\$185.00	\$185.00
15.	Hyatt Regency Washington on Capitol Hill	\$199.00	\$229.00
16.	J.W. Marriott	\$192.00	\$202.00
17.	Loews L'Enfant Plaza Hotel	\$200.00	\$210.00
18.	The Madison	\$180.00	\$180.00
19.*	Marriott at Metro Center	\$188.00	\$188.00
20.*	Morrison-Clark Inn	\$184.00	\$184.00
21.	Phoenix Park Hotel	\$179.00	\$199.00
22.	Radison Barcelo Hotel	\$179.00	\$179.00
23.*	Red Roof Inn Downtown DC	\$123.00	\$123.00
24.	Renaissance Mayflower Hotel	\$208.00	\$208.00
25.*	Renaissance Washington, DC Hotel	\$198.00	\$213.00
26.	Washington Court	\$198.00	\$218.00

* Shuttle transportation will be provided to and from all official TCT 2000 hotels to the Washington Convention Center. Hotels listed with an asterisk are within walking distance of the Washington Convention Center.



Sponsored by:
The Cardiovascular Research Foundation and
Lenox Hill Heart and Vascular Institute of New York



In association with:
The Society for Cardiac Angiography
and Interventions



Transcatheter Cardiovascular Therapeutics 2000

TUESDAY, OCTOBER 17 - SUNDAY, OCTOBER 22, 2000
WASHINGTON CONVENTION CENTER
WASHINGTON, DC



Cardiovascular Research Foundation

NEW YORK CITY

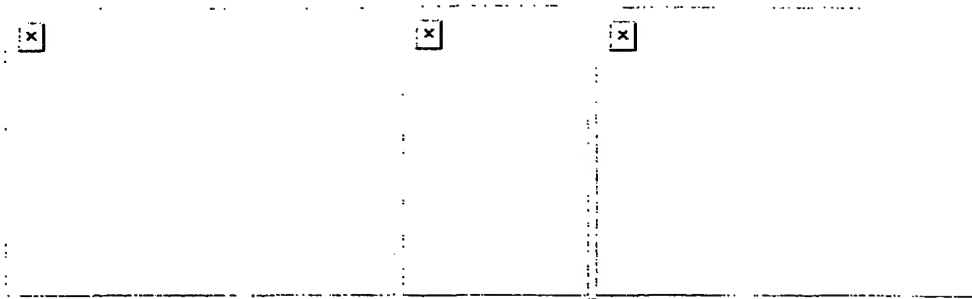
East 59th Street, 6th Floor, New York, NY 10022

See page . . .

- 6 to find out about
year's Minicourses
TCT 2000
- 8 and learn about the
3rd Annual
Interventional
Cardiology Self-
Assessment Course
- 12 for this year's Plenary
Sessions
- 15 through 21 for a
concise Day at a
Glance Calendar
- 22 and find out about
How-to Operator
Workshops
- 29 for your TCT 2000
Abstract Form and
Deadline
- 31 to register for TCT
2000

and much more inside!

NON-PROFIT ORG.
U.S. POSTAGE
PAID
WASHINGTON, DC
PERMIT #1767



Bericht zur Tagung in Washington v. 18. - 22.10 2000

[Brachytherapie] [Imaging] [Drug Eluting Stents]

Die wohl weltweit größte Tagung für Interventionalisten war wieder sehr gut besucht und behandelte eine große, kaum völlig perzipierbare Menge von Issues und Informationen. Neben einer Vielzahl von life cases, was heute schon zu den traditionellen Aktivitäten von TCT gehört, ging es um die Darstellung der aktuellen Trends und praxisnahen Unterrichtung. Als Schwerpunkte sind zu nennen:

1. Brachytherapie
 2. begleitende medikamentöse Therapie (GP2b3a, etc.)
 3. Risk Reduction durch lipid lowering (Statine als "wonder drugs")
 4. neue klinische Trials
 - CADILLAC (PTCA vs. Stent in AMI with and without gp2b3a)
 - SAFER (Distal protection in performing PCI in Bypass Grafts)
 - DIRECT (TMR)
 - RAP (Stenting vs. PTCA in small vessels)
 5. the big 4: Guidant, Cordis, Medtronic AVE, NIR Flex - Stent presentation
 6. periphere PTA bes. Carotis
 7. Women PCI
 8. Diabetics PCI
 9. neue Devices - Cutting Balloon, periphere Embolisation (Carotis, Bypasses)
-

Des weiteren ging es um neue Techniken und Randgebiete wie Entwicklungen auf dem Gebiete der Herzchirurgie

1. Innovations on Cardiac Surgery: hier besonders Robotik
2. Failing Heart Surgery: Assistssysteme sehr weit entwickelt
3. Stents Overview

Hauptstamm- und andere Indikationen:

Übereinstimmend wurde der Vorwurf einer zu weitgehenden Intervention in allen kritischen Indikationen - Hauptstamm, kleine Gefäße, Bifurkationen - nicht akzeptiert. Die aggressive Interventionseinstellung wurde von Maurice und Leon übernommen und empfohlen. Demgegenüber vertrat Colombo bei allen Indikationen die umgekehrte Einstellung. Nach vorliegenden Studien besitzt die Stentimplantation bei kleinen Gefäßen und bei Bifurkationen keinen Vorteil.

new stent technologies, besonders drug eluting stents

hier kam es zur Vorstellung zweier life cases aus Siegburg (Grube, Reifart), die bei zwei Fällen mit Paclitaxol-beschichteten Stents keine Restenose im 6-Monats-FU sahen. Also ähnliche Ergebnisse wie bei von Serruys in Amsterdam vorgestellten Fällen!! Der von Cordis entwickelte Stent ist noch nicht im Handel. Es könnte sich dann um eine Konkurrenzsituation zur Brachytherapie handeln.

Serruys und die Bypasschirurgie

- nach den jetzt publizierten Studien (bes. ARTS) kommt der Bypasschirurgie bei 3VD trotz Stentimplantation in allen Fällen eine bessere Outcome-Bedeutung zu (ca. 17-20% Unterschied), besonders aber für diabetische Konstellationen. Diesen offensichtlichen Vorteil ausser bei den Diabetikern konnte Serruys jedoch nicht erkennen sondern setzte stattdessen auf neue Studien mit GP2b3a, die bisher noch nicht angelaufen sind. m.E. hat er seine Befunde nicht korrekt interpretiert!3. Tag

Brachytherapie

Diese neue Therapieform der Instant-Restenose war der unbestrittene Tagungsschwerpunkt; er wurde geradezu ein wenig unkritisch enthusiastisch gesehen.

Dabei ging es um Pros und Cons, von daher interessant und aufschlussreich. Derzeit ist die Phase der Studien bei weitem noch nicht abgeschlossen. Obenan steht die ungeklärte Frage der Strahlenart. Gamma oder Beta-Strahlung sind noch nicht endgültig entschieden. Dabei war es zu erkennen, dass die wesentlichen Nachteile der Gammastrahlung, nämlich die Abschirmung, doch nicht mehr so gravierend sind, und z.B. der Untersucher den Raum wohl nicht mehr während der Abgabe der Strahlung verlassen muss. Im Raum werden aber bis zu 80 mS/h gemessen!! Eine andere Studie jedoch zeigte bei geänderter und verbesserter Abschirmung eine effektive Strahlendosis beim Personal im Katheterlabor nur 0,1 mRem/Prozedur. Hier ist also noch deutlicher Klärungsbedarf.

Bei der Betastrahlung liegen die Dinge etwas günstiger: Eindringtiefe 2-4 mm, jedoch mit dem Nachteil der Schwierigkeit in peripheren Gefäßen. Es werden neue Applikationsformen entwickelt: z.B. Gas-Ballon. Insgesamt fällt bei den Studien (SCRIPPS, WRIST, BERT) die hohe Stenoserate bei den Kontrollgruppen auf, diese lag zwischen 40 und 50%, bei Diabetikern bei 70%. Die Reduktion lag in einem Bereich zwischen 18 und 20%. Wenn ich mich recht erinnere, hat die Benestentstudie mit einer ähnlichen Restenoserate (mit Stent!!) gerechnet. Was stimmt denn nun eigentlich? Die weiteren Probleme sind Dosimetrie, late thrombosis und die aufwendige Organisation. Besonders letztere wird einer breiten Anwendung der Methode zuwiderlaufen.

Die cons betreffen die Langzeitwirkung - es hat sich gezeigt, daß nach einem Zeitraum von ca. 5 Jahren die MLDs weiter abnehmen, wohingegen die MLDs in der Kontrollgruppe gleich bleiben. Die Wirkung der Radiation auf native Stenosen wurde nicht getestet.

Drug eluting stents

Als wichtigstes Ergebnis jedoch sind die neuen Stents mit **drug-delivery-Eigenschaften** zu nennen:

Tranilast, Probucol, Cilastazol, Taxol und Rapamycin; als entwickelnde Firma kommt Cordis in Frage.

Ein neuer Stent wurde genannt, leider nicht genau genug: Sirolimus. Firma unbekannt.

Bei allen Pharmaka besteht die Wirkung in einer Hemmung der spezifischen Mitosen im Stentbereich, die am stärksten bei Probucol nachgewiesen ist und als systemische Applikation auch schon eingesetzt wurde. Wegen einer hohen Nebenwirkungsrate wurde Probucol nie zugelassen. Günstige Ergebnisse in Pilottests zeigen Taxol und das Antibiotikum Rapamycin. Studien sind angesetzt, auf deren Ergebnis man gespannt sein sollte.

Imaging

Die neuen bildgebenden Techniken wurden dargestellt. Es handelte sich aber ausschließlich um MRT, was in einer brillanten Form präsentiert wurde. Warum CT und Koronarkalkbewertung nicht präsentiert wurde, war nicht ersichtlich. Wesentliche Ergebnisse des MR waren:

- Funktionsanalysen sind genauer möglich als mit jeder anderen Methode
- Belastungsuntersuchungen bei KHK, angelehnt an die Protokolle der Stressechokardiografie, haben eine verbesserte Aussagekraft
- Angiografien der großen Gefäße sind ausreichend genau möglich
- die Koronarografie ist verbessert, aber noch nicht für die klinische Routine ausreichend. Es erhebt sich die Frage, ob mit den gegenwärtigen Techniken überhaupt eine klinisch relevante Koronarografie möglich ist und ob die Methode nicht schon an ihre technischen Grenzen gestoßen ist. Vielleicht muss die Indikation zur Koronarografie unterschiedlicher Qualitätsanforderung neu definiert werden (Kontrolluntersuchungen, Ausschlussuntersuchungen, Untersuchungen vor einer Intervention)?

/ghe

Copyright(c) ghe. Generated: 24.10.2000 Updated: 21.11.00

NIRFLEXTM NIR^{INT}

Comparison of:

Engineering & Applicative features

Miyazaki, June 10, 11, 2000

In perfect heart and with a willing mind



Clinically significant factors

Feature
Trackability
Radiopacity
Foreshortening
Compression res.
Recoil
Conformability
Scaffolding
Fatigue life

NIR



Stent

In perfect heart and with willing mind



Agenda

- Design evolution
- Finite Element Analysis
- Bench test results
 - Flexibility @ insertion
 - Radiopacity
 - Foreshortening
 - Compression resistance
 - Recoil
 - Flexibility after deployment
 - Scaffolding
 - Delivery system
 - Fatigue life
- Animal trials & relevance
 - Flexible design
 - Baked Gold
- Applicative significance
- Clinical significance

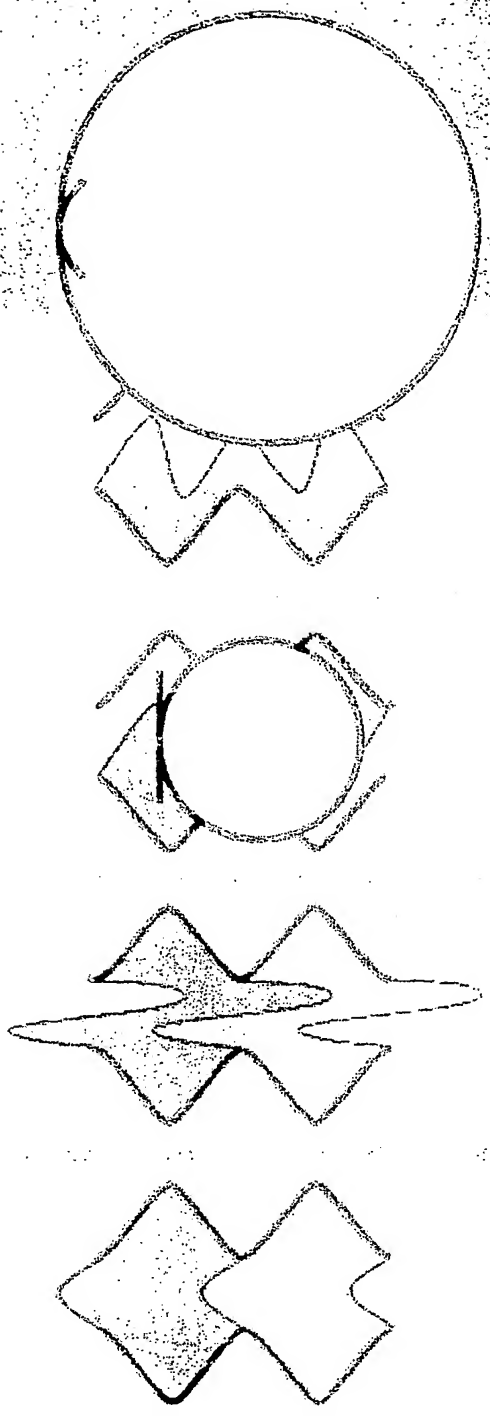
NIR



Stent

In perfect heart and with a willing mind

Cell design evolution



NIR™

NIR Iter. 1 Iter. 2 Nirflex

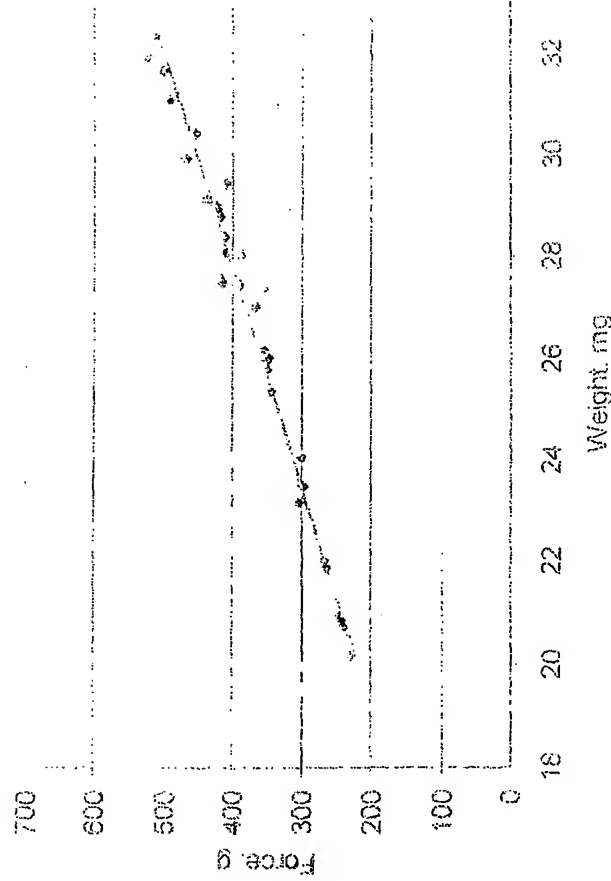


Stent

In perfect heart and with a willing mind

Bench tests

NIRFLEX 6-32 Compression Resistance 0.5mm compression



NIR



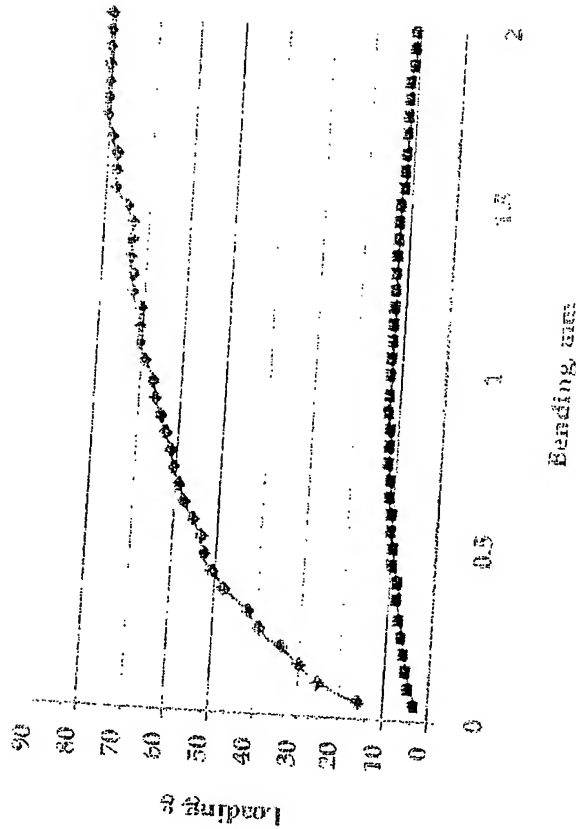
Stent

Compression resistance

In perfect heart and with a willing mind

Bench tests

Longitudinal Rigidity Test
NIR vs. NIR Flex

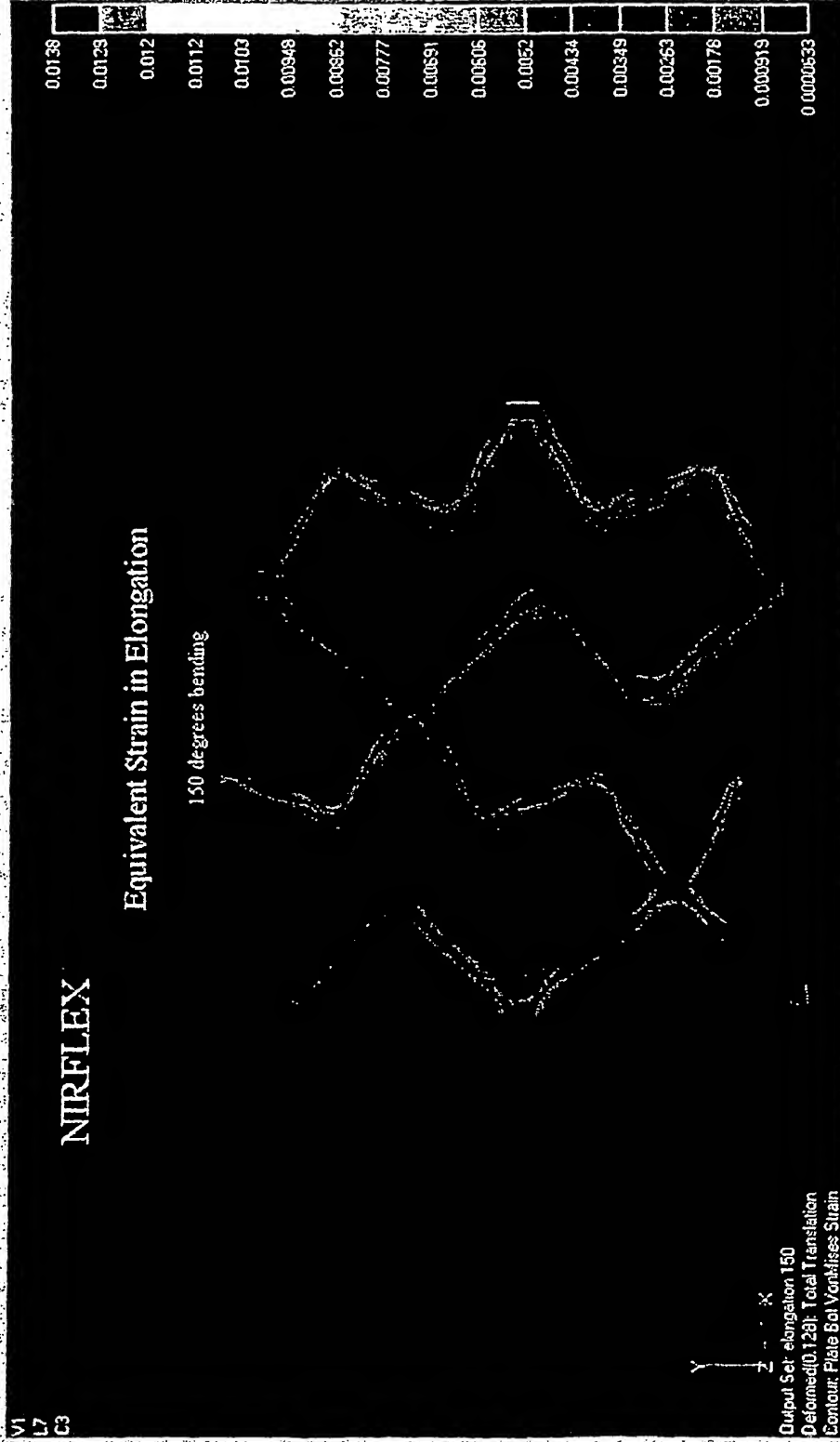


Flexibility @ insertion



In perfect heart and with a willing mind

Finite Element Analysis



NIRFLEX on expansion

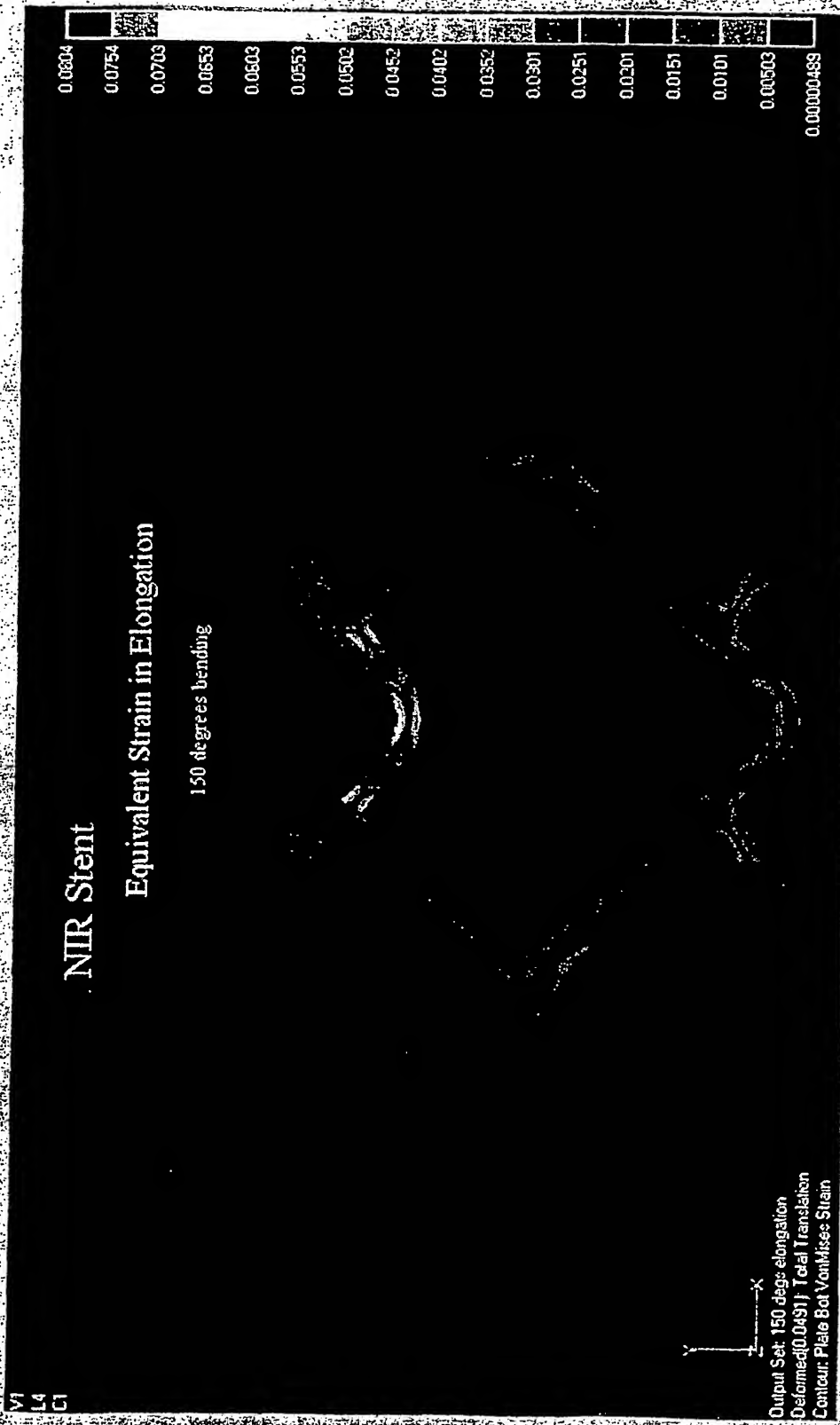
In perfect heart and with a willing mind

NIR



Stent

Finite Element Analysis



NIR on flexing

In perfect heart and with a willing mind

NIR



Stent

Bench tests

Recoil :-

**Recoil is affected by the material properties
And the structural design.**

Material is identical

Structural strength better

Hence better Recoil

NIR™

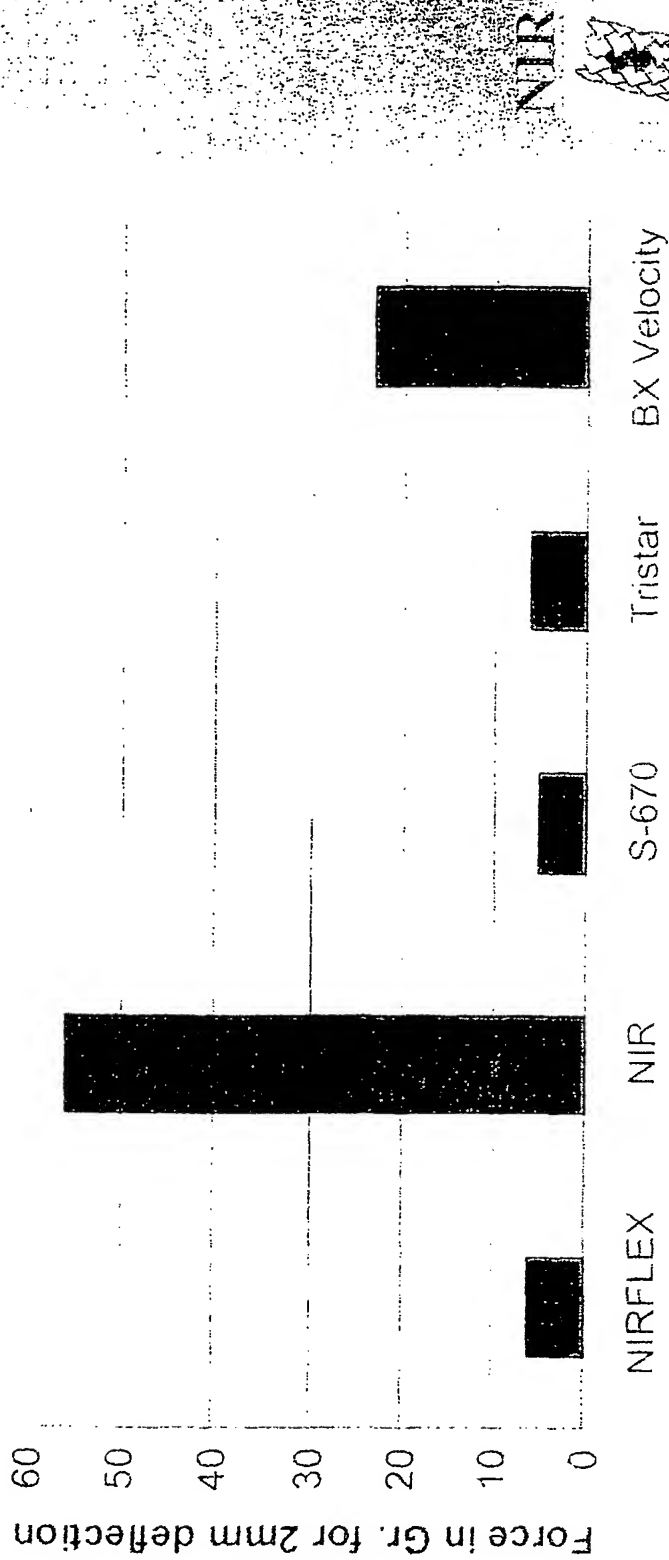


Stent

In perfect heart and with a willing mind

Bench tests

Conformability



NIR



Stent

In perfect heart and with a willing mind



Animal trials.

NIRFLEX acute trial

- Securment
 - Trackability
- ## Radiopacity
- Flexibility after deployment

- Results:

NIR



Stent

In perfect heart and with a willing mind

Animal trials

- NIRFLEX acute trial
- NIR vs. Flexible NIR
- NIR SST / Baked Gold

NIR



Stent

In perfect heart and with a willing mind

Bench tests

Extreme Bend & Rotate comparison:

NIR	350	Cycles
-----	-----	--------

NIRFLEX	90,000	Cycles
---------	--------	--------

BX velocity	800	Cycles
-------------	-----	--------

NIR



Stent

Tristar	86,000	Cycles
---------	--------	--------

in perfect heart and with a willing mind

Bench tests

S-670

1

Tristar

2

NIRFLEX

3

NIR

4

NIR



Stent

Radiopacity

In perfect heart and with a willing mind

Bench tests

Delivery system:-

Delivery system equivalent to existing systems in the market. Material identical to NIR on SOX, geometry identical to NIR on RANGER

NIR



Stent

in perfect heart and with a willing mind

Bench tests

Side branch access :-



NIR



Stent

In perfect heart and with a willing mind

Bench tests

Scaffolding :-



AIR

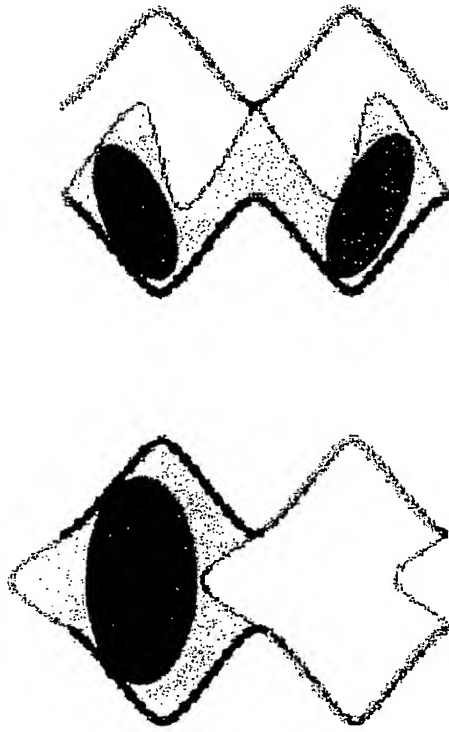


Start

In perfect heart and with a willing mind

Bench tests

Scaffolding :-



NIR



Stem

In perfect heart and with a willing mind

Medvet

Animal trials



NIRFLEX 3.0 and 2.5 tapered stenting

In perfect heart and with a willing mind

NIR



Stent

Animal trials



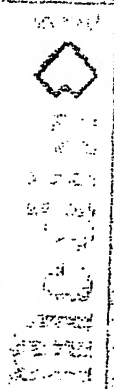
4 stents Radiopacity comparison

In perfect heart and with a willing mind

NIRX



Stent



Applicative significance

Feature	Advantage	Long term Consequences
Flexibility	Trackability Conformability	Long term restenosis reduction
Surface (Gold)	Radiopacity	Biocompatibility equal

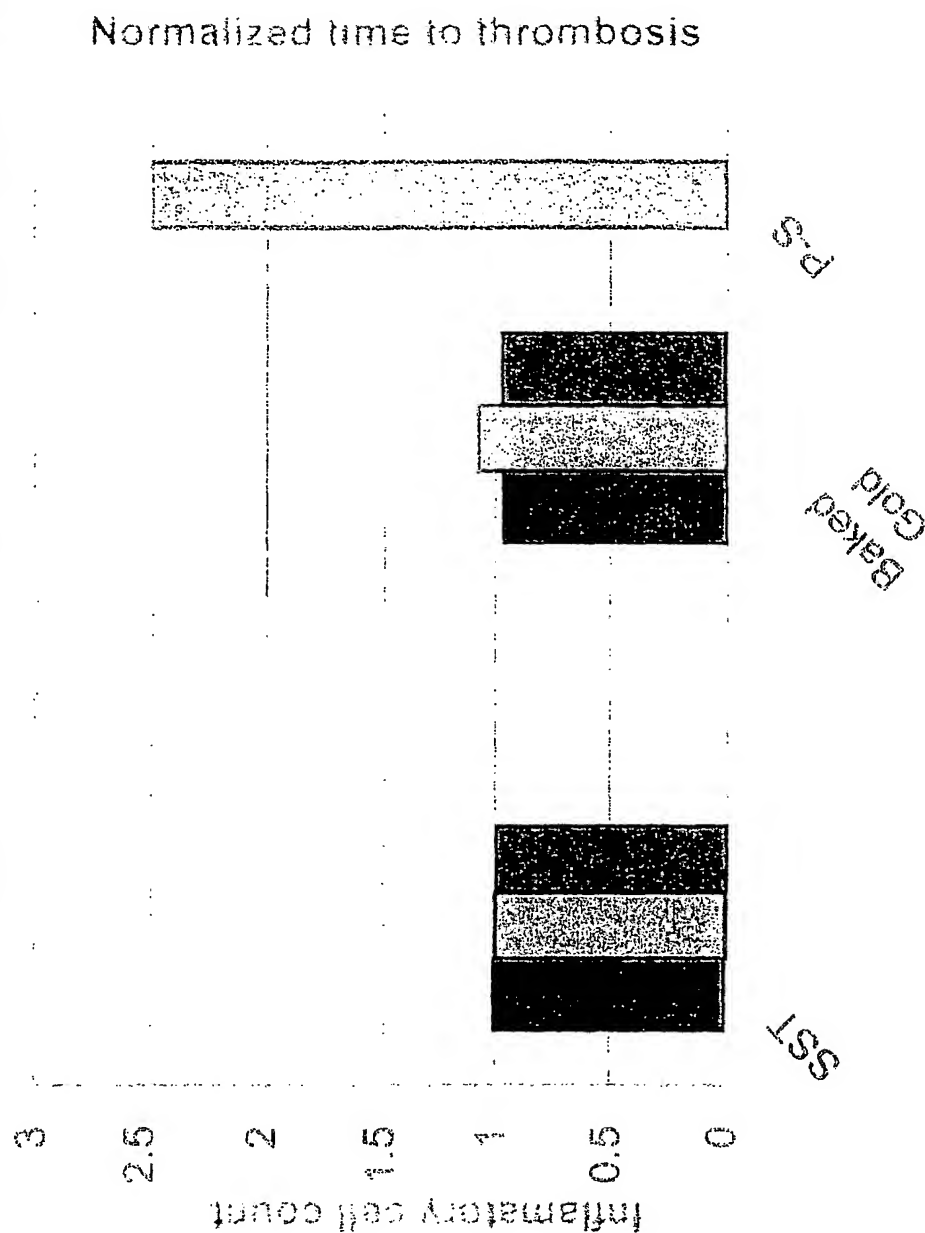


三

THE correct heart and with a will, will win.

Animal trials:

NIR SST / Gold / Baked Gold



In perfect heart and with a willing mind

Animal trials

SST / Baked Gold

- Surface and composition comparison
- Thrombogenicity
- Neointimal area @ 28 days

NIR™

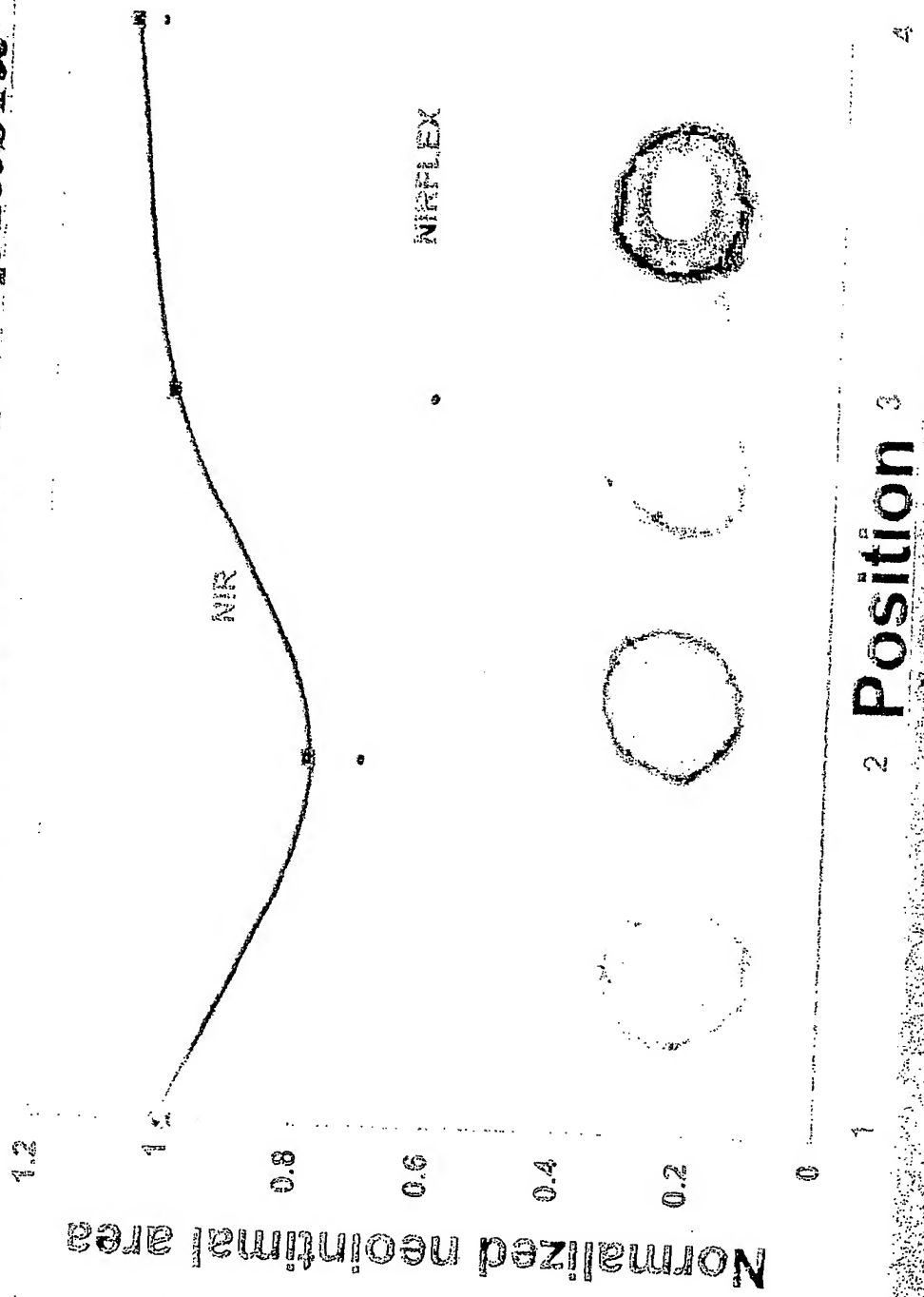


Stent

In perfect heart and with a willing mind

Animal trials:

Intimal hyperplasia



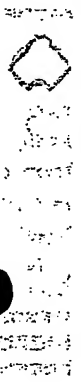
In perfect heart and with a willing mind

Animal trials



NIR and NIRFLEX flexibility after deployment

in perfect heart and with a willing mind



Clinical significance

Feature	Comparison
Trackability	↑↑
Radiopacity	↑↑↑
Foreshortening	↑
Compression res.	↑
Recoil	↑
Conformability	↑↑↑
Scaffolding	↑
Fatigue life	↑↑↑

NIR



Stent

In perfect heart and with a willing mind

KEIL & SCHAAFHAUSEN
PATENTANWÄLTE

Deutsches Patent- und Markenamt
80297 München

EUROPEAN PATENT ATTORNEYS
EUROPEAN TRADEMARK ATTORNEYS

DIPL.-PHYS. DR. RAINER A. KEIL
DIPL.-PHYS. LUDWIG R. SCHAAFHAUSEN
DIPL.-ING. NANNO M. LENZ
DIPL.-PHYS. DR. CARSTEN HERBERG
DIPL.-ING. MICHAEL A. DAHMEN

CRONSTETTENSTRASSE 66
60322 FRANKFURT AM MAIN

TELEFON : 069 - 95 96 23 - 0
TELEFAX : 069 - 5 97 50 59
E-MAIL : MAIL@KSPATENT.DE

7 February 2003
K/PUE

Y ur Ref: GBM 201 08 764 L6 1 10/03
Own r: Medinol Limited
Petitioner: Boston Scientific Medizintechnik GmbH
Our File: M 28 G 3 L6 1

The Request for Cancellation submitted with the Office Action of January 31 / February 7, 2003 is hereby opposed.

It is requested to reject the Request for Cancellation and to determine that the petitioner has to bear the costs of the proceedings.

Dr. Rainer A. Keil
Patent Attorney
VNR: 264 261